

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; JUSTIN RODRIGUEZ,
by his Next Friend JACKLYN ROMANOFF;
ELODIA LOPEZ; and JAMES HAIR,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

**DECLARATION OF
KATHERINE ROSENFELD**

I, Katherine Rosenfeld, an attorney duly admitted to practice in the Eastern District of New York, declare under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. I am a partner at Emery Celli Brinckerhoff & Abady, LLP. Along with the Cardozo Civil Rights Clinic, Alexander A. Reinert, and Debevoise & Plimpton LLP, we represent the Petitioners and putative class.

2. I submit this declaration in support of Petitioners' request for a Preliminary Injunction in the above-captioned case.

3. On April 27, 2020, Counsel for the Petitioners conducted depositions pursuant to Fed. R. Civ. P. 30(b)(6) on designated witnesses Ms. Milinda King (Associate Warden of Operations), and Ms. Stacey Vasquez (Health Services Administrator).

4. Attached as Exhibit 1 is the transcript of the 30(b)(6) deposition of Ms. Stacey Vasquez, dated April 27, 2020.

5. Attached as Exhibit 2 is the Declaration of Chanelle Powell dated April 20, 2020. According to her Declaration, Ms. Powell has experienced COVID-19 symptoms since April 13, 2020 after being in contact with Lieutenant Summerville who tested positive for COVID-19. Ms. Powell has not been tested for COVID-19 by MDC.

6. Attached as Exhibit 3 is the Declaration of Steven Bynum dated April 21, 2020. According to his Declaration, Mr. Bynum experienced COVID-19 symptoms and requested medical care. During a checkup, the nurse told him that he could not get tested or see a doctor because he did not have a fever and had not fainted.

7. Attached as Exhibit 4 is the Declaration of Judie Olivera dated April 20, 2020. According to her Declaration, Ms. Olivera has a medical condition that makes her vulnerable to COVID-19, but is not able to practice social distancing in her open dormitory unit. Ms. Olivera does not receive adequate cleaning supplies.

8. Attached as Exhibit 5 is the Declaration of Rosa Gomez dated April 20, 2020. According to her Declaration, she is housed in an open dorm and has been in close proximity to someone who has COVID-19 symptoms for two weeks. She sought medical care for coughing symptoms

9. Attached as Exhibit 6 is the Declaration of Jason Mabry dated April 28, 2020. According to his Declaration, during time spent outside of lockdown, inmates are expected to share phones, computers and showers. Mr. Mabry also reports that he has seen COs exhibiting symptoms of COVID-19.

10. Attached as Exhibit 7 is the Declaration of Jermal Dixon dated April 28, 2020. Mr. Dixon states that there is not an adequate amount of cleaning supplies at MDC, that social distancing is not possible when inmates are outside of their cells, and that he had symptoms consistent with COVID-19 and did not get any medical care.

11. Attached as Exhibit 8 is the Declaration of Derrilyn Needham dated April 28, 2020. According to her Declaration, Ms. Needham has been experiencing symptoms consistent with COVID-19, but was told that there would be no COVID-19 testing at MDC.

12. Attached as Exhibit 9 is the Declaration of Robert L. Cohen, M.D. dated March 30, 2020.

13. Attached as Exhibit 10 is the Declaration of William Finch dated April 20, 2020. According to his Declaration, he has suffered from chest pains and shortness of breath and has not received any medical care besides an EKG in February.

14. Attached as Exhibit 11 is the Declaration of Kawain Nelson dated April 24, 2020. Mr. Nelson states that the sick buzzers do not appear to work because people generally bang on their cells to get medical attention; despite the fact that detainees that have shown symptoms consistent with COVID-19, he has never had his temperature checked over the last six weeks.

15. Attached as Exhibit 12 is the Declaration of Yasser Andre Platt dated April 28, 2020. According to his Declaration, he requested medical care for his eczema but was never physically examined. He has also seen officers walking around without masks and gloves, despite having observed as least one officer exhibiting COVID-19 symptoms.

16. Attached as Exhibit 13 is the Declaration of Ramel Pierson dated April 29, 2020. According to his Declaration, Mr. Pierson has asthma and has stated that a lot of detainees had COVID-19 symptoms, but that staff only took the temperature of certain inmates and then returned them to the unit.

17. Attached as Exhibit 14 is the Declaration of Victor Sojos-Valladares dated April 28, 2020. According to his Declaration, Mr. Sojos-Valladares and his cellmate were very sick since mid-April. He became so desperate for medical care that he began refusing meals. He did not receive a test until after he refused three meals.

18. Attached as Exhibit 15 is the transcript of the 30(b)(6) deposition of Ms. Milinda King, dated April 27, 2020.

19. Attached as Exhibit 16 is the Declaration of Edson Altino dated April 24, 2020. According to his Declaration, Mr. Altino has asthma and nasal congestion and does not receive adequate cleaning supplies for his cell.

20. Attached as Exhibit 17 is the Declaration of Richard Drayton dated April 21, 2020. According to his Declaration, he receives one bar of soap every 7-10 days, which he uses in 3 days. He also states that common areas are not cleaned until the end of the day, after they have been used by many inmates.

21. Attached as Exhibit 18 is the Declaration of Ira Hall dated April 24, 2020. According to his Declaration, Mr. Hall does not receive adequate cleaning supplies or personal protective equipment.

22. Attached as Exhibit 19 is the Declaration of Trevor Carpenter dated April 22, 2020. According to his Declaration, he has suffered from chills and fever, and has not been tested even though several inmates in his unit have tested positive for COVID-19.

23. Attached as Exhibit 20 is the Declaration of Ronnell Watson dated April 20, 2020. According to his Declaration, he suffers from glaucoma and wipes his eyes frequently. He is very worried that he will become infected with COVID-19 given the lack of soap, hand sanitizer, and gloves.

24. Attached as Exhibit 21 is the Declaration of Ajahnique Wilson dated April 20, 2020. According to her Declaration, Ms. Wilson has asthma and has experienced COVID-19 symptoms.

25. Attached as Exhibit 22 is the Declaration of Thomas J. Miller dated April 29, 2020. According to his Declaration, Mr. Miller has a genetic cardiovascular disorder that causes high blood pressure and frequent, severe shortness of breath with a feeling that his chest is collapsing. Mr. Miller has not been screened for COVID-19, despite cleaning the cell of an inmate who was showing symptoms of COVID-19.

26. Attached as Exhibit 23 is the Declaration of Hector Soria dated April 17, 2020. According to his Declaration, Mr. Soria reports that tensions in the MDC are rising, and that he does not receive sufficient cleaning supplies or personal protective equipment.

27. Attached as Exhibit 24 is the Declaration of Hugh Brian Haney dated April 20, 2020. According to his Declaration, Mr. Haney does not receive adequate cleaning supplies, personal protective equipment and his emergency button in his cell does not work.

28. Attached as Exhibit 25 is the Declaration of Dana Dray McCann dated April 21, 2020. According to her Declaration, Ms. McCann has asthma and is not able to practice social distancing from her bunkmate while her unit is on lockdown.

29. Attached as Exhibit 26 is the Declaration of Dino Sanchez dated April 20, 2020. According to his Declaration, Mr. Sanchez has been diagnosed with moderate to severe asthma, and relies on two asthma pumps to prevent inflammation in his lungs; he is also diabetic and has a history of heart disease in his family. Mr. Sanchez's emergency button in his cell does not function; he is concerned that in the event of a serious asthma attack he will not be able to get emergency medical help. Mr. Sanchez is also concerned that guards and staff have tested positive for COVID-19 and may be exposing inmates to the virus; he is upset that guards are not wearing proper protective equipment.

30. Attached as Exhibit 27 is the Declaration of Radhys Molina dated April 17, 2020. According to his Declaration, Mr. Molina does not receive adequate cleaning supplies and states that orderlies do not wear masks or gloves when collecting garbage.

31. Attached as Exhibit 28 is the Declaration of Marco Batista dated April 28, 2020. According to his Declaration, Mr. Batista has not had any medical attention in the last two months, and states that some of the staff does not wear masks and none of the staff wear gloves.

32. Attached as Exhibit 29 is the Declaration of Jason Singer dated April 27, 2020. According to his Declaration, Mr. Singer was placed in quarantine and given a COVID-19 test although he only had a headache and cold symptoms. His test came back negative.

33. Attached as Exhibit 30 is the Declaration of Jonathan Deutsch dated April 29, 2020. According to his Declaration, Mr. Deutsch does not receive cleaning supplies for his cell and is concerned about MDC's medical care.

34. Attached as Exhibit 31 is the Declaration of Jamel Roberts dated April 24, 2020. According to his Declaration, Mr. Roberts suffers from asthma and anxiety. Mr. Roberts was put on quarantine because his cell was next to a cell containing two individuals who both tested positive for the coronavirus. Mr. Roberts does not have adequate cleaning supplies or personal protective equipment.

35. Attached as Exhibit 32 is the Declaration of Latie Whitley dated April 28, 2020. According to her Declaration, Ms. Whitley has asthma and other medical conditions. It is impossible for Mr. Whitely to practice social distance when the inmates are using the phones because they are very close to one another.

36. Attached as Exhibit 33 is a copy of a letter from Congresswoman Nydia M. Velazquez to the BOP dated April 6, 2020.

37. Attached as Exhibit 34 is a letter from the Federal Defenders of New York to Judge Karas attaching an email from Rhonda Barnwell dated April 8, 2020.

38. Attached as Exhibit 35 is the Declaration of Cesar Castillo dated April 29, 2020. According to his Declaration, Mr. Castillo believes he is at risk for male breast cancer, but has not been given a mammogram by medical staff at the MDC.

39. Attached as Exhibit 36 is the news article, “Cuomo Declares State of Emergency in New York as State Coronavirus Cases Soar to 89,” by Eileen AJ Connelly & Laura Italiano, published in the N.Y. Post on March 7, 2020. It can be accessed at <https://nypost.com/2020/03/07/cuomo-declares-state-of-emergency-as-new-york-state-coronavirus-cases-soar-to-76/>.

40. Attached as Exhibit 37 is the news article, “New York Gov. Cuomo extends stay-at-home order until at least May 15,” by Elizabeth Joseph and Eric Levenson, published by CNN on April 16, 2020. It can be accessed at <https://www.cnn.com/2020/04/16/us/new-york-coronavirus/index.html>.

41. Attached as Exhibit 38 is the statement of Rasheen Richardson dated April 20, 2020. According to his statement, Mr. Richardson suffers from asthma and sleep apnea, and was listed on the BOP List of high-risk inmates. His attorney requested that he be released to home confinement in early April 2020 and received no response from the Warden. On information and belief, Mr. Richardson is currently eligible for release to home confinement.

42. Attached as Exhibit 39 is a letter from the American Civil Liberties Union to the BOP Re: Reducing the Federal Prison Population in Response to Coronavirus dated March 18, 2020, which makes certain recommendations that the BOP could implement in order to better protect those detainees who are particularly vulnerable to COVID-19 due to certain underlying medical conditions, among other things.

43. Attached as Exhibit 40 is a letter from the Office of the Attorney General of Washington D.C., to the Director of the BOP suggesting the prioritization of home confinement as appropriate in response to the COVID-19 pandemic, dated March 26, 2020.

44. Attached as Exhibit 41 is a series of letters from the BOP to Chief Judge Mauskopf regarding Administrative Order No. 2020-14, dated April 3-21, 2020. These letters report the number of staff members and inmates that have tested positive for COVID-19 at the MDC and the MCC.

45. The NYC Board of Correction has been reporting data on COVID-19 at <https://www1.nyc.gov/site/boc/covid-19.page>. Its daily update for April 30, 2020 shows that at this time there are 376 currently incarcerated patients that have confirmed cases of COVID-19, out of a total population in custody of 3842. This does not represent the cumulative number of people incarcerated in the city jails who have tested positive. Thus far, 1065 DOC staff have tested positive for COVID-19. Per Exhibit 41 above, MDC – which has a total population of around 1700 – has in contrast reported only 6 confirmed cases. As set out at <https://www1.nyc.gov/site/doc/media/coronavirus-news.page>, the NYC Department of Corrections is also providing access to COVID-19 testing for all Department of Corrections personnel who are symptomatic and/or have been exposed to someone with COVID-19.

46. I confirm that all of the documents exhibited to this declaration are true and correct copies.

Executed on: April 30, 2020
New York, New York

/s/Katherine Rosenfeld
Katherine Rosenfeld

EXHIBIT 1

Page 1
April 27, 2020

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----x
HASSAN CHUNN; NEHEMIAH McBRIDE; AYMAN RABADI,
by his Next Friend MIGDALIZ QUINONES; JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN ROMANOFF;
ELODIA LOPEZ; and JAMES HAIR, individually and on
behalf of all others similarly situated,

Petitioners(s),

Civil Action No.
20 Civ 1590

-against-

WARDEN DEREK EDGE,

Respondent(s).

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April 27, 2020
12:32 p.m.

VIDEOTAPED and VIDEO CONFERENCED
EXAMINATION BEFORE TRIAL of Witness for
Respondent STACEY VASQUEZ, pursuant to Notice,
before Laura B. Lowenthal, a Notary Public within
and for the State of New York.

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2 A P P E A R A N C E S:
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BY: JAMES R. CHO, ESQ.
E-Mail: james.cho@usdoj.gov
HOLLY PRATESI, Bureau of Prisons

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ALSO PRESENT:

SHERECK VIDEO SERVICES, INC.

Videographer

BY: DAVID J. SHERECK

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STIPULATIONS

IT IS HEREBY STIPULATED AND AGREED by
and between the attorneys for the respective
parties herein, that filing and sealing be and
the same are hereby waived.

IT IS FURTHER STIPULATED AND AGREED
that all objections, except as to the form of the
question, shall be reserved to the time of the
trial.

IT IS FURTHER STIPULATED AND AGREED
that the within deposition may be sworn to and
signed before any officer authorized to
administer an oath, with the same force and
effect as if signed and sworn to before the
Court.

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VIDEOCONFERENCE STIPULATION

IT IS HEREBY STIPULATED AND AGREED by
and between counsel for all parties present that
pursuant to the CPLR section 3113(d) this
deposition is to be conducted by video
conference, that the court reporter, all counsel,
and the witness are all in separate remote
locations and participating via videoconference
(LegalView/Zoom) meeting under the control of
Lexitas Court Reporting Service, that the officer
administering the oath to the witness need not be
in the place of the deposition and the witness
shall be sworn in remotely by the court reporter
after confirming the witnesses identity, that
this videoconference will not be recorded in any
manner and that any recording without the express
written consent of all parties shall be
considered unauthorized, in violation of law, and
shall not be used for any purpose in this
litigation or otherwise.

IT IS FURTHER STIPULATED that exhibits
may be marked by the attorney presenting the
exhibit to the witness, and that a copy of any

1
2 exhibit presented to a witness shall be e-mailed
3 to or otherwise in possession of all counsel
4 prior to any questioning of a witness regarding
5 the exhibit in question. All parties shall bear
6 their own costs in the conduct of this deposition
7 by videoconference, notwithstanding the
8 obligation by CPLR to supply a copy of the
9 transcript to the deposed party by the taking
10 party in civil litigation matters.
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VIDEOGRAPHER: We are on the record.
The time is approximately 12:33 p.m.
Today's date is Monday, April 27,
2020. This is the video deposition of
Stacey Vasquez in the matter of Chunn
versus Warden Derek Edge. Case number
1:20-cv-01590 in the United States
District Court Eastern District of New
York.
My name is David Shereck, certified
legal videographer with Lexitas Deitz
or Rockville Centre, New York.
This deposition is being conducted
remotely via Webex.
Will counsels please voice identify
yourselves and state whom you
represent.
MS. GINSBERG: This is Betsy Ginsberg
and I represent the petitioners in
this case.
MR. CHO: Good afternoon. Dave Cho
with the Attorney's Office on behalf
of Respondent and I am here with Holly
Pratesi with the Bureau of Prisons and

1 S. Vasquez
2 our witness Stacey Vasquez.
3 MS. GINSBERG: Do you want the other
4 petitioner counsels on there too?
5 MS. LYLE: Noelle Lyle and Melanie
6 Calero from Debevoise & Plimpton for
7 petitioners.
8 MS. KATOVICH: You have Scout Katovich
9 of Emery Celli Brinckerhoff & Abady
10 also for petitioners.
11 VIDEOGRAPHER: The court reporter
12 today is Laura Lowenthal also with
13 Lexitas. Will you please swear in the
14 witness.
15 S T A C E Y V A S Q U E Z,
16 called as a witness, having been first duly
17 sworn by a Notary Public, was examined and
18 testified as follows:
19 EXAMINATION BY
20 MS. GINSBERG:
21 Q Can you please state your full name
22 for the record?
23 A Stacey Vasquez.
24 Q Can you please state your current work
25 address for the record?

1 S. Vasquez

2 A I work at 80 29th Street, Brooklyn,
3 New York 11232.

4 VIDEOGRAPHER: You may proceed.

5 MR. CHO: If I may can I make my
6 objections for the record before we
7 begin for the record?

8 MS. GINSBERG: Go for it.

9 MR. CHO: This is a deposition
10 pursuant to Rule 30(b)(6) on topics
11 set forth in the 30(b)(6) notice. To
12 the extent that the witness testifies
13 to matters outside the 30(b)(6) notice
14 topics that is testimony based on her
15 own personal knowledge and
16 information.

17 I also want to note for the record as
18 well we have two attorneys from
19 Debevoise participating in this
20 deposition. However, local rule
21 govern who is allowed to participate
22 in deposition and as of now to my
23 understanding they have not yet filed
24 appearances to this date. I just
25 wanted to make that clear for the

1 S. Vasquez

2 record.

3 MS. LYLE: James, just so you know,
4 our partner Jane has entered a Notice
5 of Appearance and she did so before we
6 went on the record this morning.

7 MR. CHO: Understood. Thank you,
8 Betsy.

9 Q Miss Vasquez, my name is Betsy
10 Ginsberg. I represent the petitioners in this
11 case.

12 Could you state your full name and
13 your work address for the record please?

14 A My name is Stacey Vasquez. I wouldn't
15 be able to tell you my address off the top of my
16 head without looking at it.

17 Q Do you work at the MDC in Brooklyn?

18 A Yes, ma'am.

19 Q Who is your current employer?

20 A Bureau of Prisons.

21 Q I think you probably heard this when
22 we were off the record but I am here with my
23 colleagues who also represent the petitioners in
24 this case, Katie Rosenfeld, Scout Katovich,
25 Noelle Lyle and Melanie Calero.

1 S. Vasquez

2 I am going to ask you a series of
3 questions today.

4 Do you understand that you have just
5 taken an oath to answer my questions truthfully?

6 A Yes.

7 Q The court reporter is here to record
8 what both of us say. So we both have to try not
9 to speak over one another and let her take down
10 everything that we say; do you understand that?

11 A Yes.

12 Q It is important to provide verbal
13 answers so head nods and things like that are
14 hard for the court reporter to take down so we
15 need to give all of our answers verbally; okay?

16 A Okay.

17 Q If anything that I ask you is
18 confusing you should feel free to ask me to
19 clarify. I don't want you to guess; okay?

20 A Okay.

21 Q The last sort of preliminary thing is
22 just if you need a break for any reason just let
23 me know and we can go off the record and take a
24 break as long as there is not a question pending.
25 If you need a break and there is a question

1 S. Vasquez

2 pending you will just answer the question and
3 then we can take that break; okay?

4 A Okay.

5 Q Is there any reason that you cannot
6 testify truthfully today?

7 A No.

8 Q Do you have an attorney representing
9 you at this deposition?

10 A Yes.

11 Q Who is that?

12 A Holly Pratesi and Mr. Cho.

13 Q Did you read the amended petition
14 filed by our client, the petitioners in this
15 case?

16 A No.

17 Q What is your understanding of what the
18 lawsuit filed by them is about?

19 MR. CHO: Objection to the form. Go
20 ahead. You can answer.

21 A About the conditions of the MDC due to
22 COVID-19.

23 Q Have you ever had your deposition
24 taken before?

25 A No.

1 S. Vasquez

2 Q Have you ever testified in court
3 before?

4 A No.

5 Q Have you testified under oath in any
6 government agency or administrative proceeding
7 before?

8 A Not that I am aware of.

9 Q Have you done anything to prepare for
10 your deposition today?

11 A I met with my legal counsel.

12 Q When did you do that?

13 A Thursday, Friday and Sunday.

14 Q For how long on Thursday?

15 A Two hours.

16 Q How about on Friday?

17 A Three.

18 Q And Sunday?

19 A Another two hours.

20 Q Other than meeting with your attorneys
21 did you do anything to prepare for this
22 deposition?

23 A I read from the Exhibits.

24 Q What did you read? Which documents?

25 A I couldn't tell you off the top of my

1 S. Vasquez

2 head which ones I read.

3 Q Other than meeting with your attorneys
4 did you speak with anybody else about this
5 deposition?

6 A No.

7 Q Did you speak with any other staff at
8 the MDC about this deposition?

9 A Other than that I was in the
10 deposition, no, not about the information in the
11 deposition.

12 Q Have you seen what we call the Notice
13 of Deposition that lists all of the different
14 topics to be discussed today?

15 A I believe I have, yes.

16 Q Are you aware of what topics you have
17 been asked to discuss today?

18 A Yes.

19 Q What degrees do you hold if any?

20 A I hold a license as a paramedic.

21 Q When did you receive the license as a
22 paramedic?

23 A I couldn't give you an exact year
24 right now.

25 Q That is okay. Approximately?

1 S. Vasquez

2 A 2012 or 2013, around there.

3 Q What is the highest level of education
4 you have reached?

5 A Some college and my license for
6 paramedic.

7 Q What is your current job title?

8 A I am the Health Services
9 Administrator.

10 Q At the MDC?

11 A Yes.

12 Q How long have you held that position?

13 A I have been there since September
14 2019.

15 Q Prior to September 2019 what job did
16 you hold?

17 A I was a Health Services Administrator
18 FCI Mendota.

19 Q How long did you hold that position?

20 A Just over a year.

21 Q Before you were the Health Services
22 Administrator at FCI Mendota what position did
23 you hold?

24 A I was the Assistant Health Services
25 Administrator at FCI Dublin.

1 S. Vasquez

2 Q How long did you do that?

3 A For about a year and a half.

4 Q Is that your first job with DOP?

5 A No.

6 Q What was your first job with DOP?

7 A I was a paramedic at USP Atwater.

8 Q How long did you do that?

9 A Just under two years.

10 Q Did you hold any DOP positions between
11 the time you were a paramedic at Atwater and the
12 time that you were at FCI Dublin?

13 A No, I transferred from Atwater to
14 Dublin.

15 Q So I got them all?

16 A Yes, ma'am.

17 Q Before you were a paramedic at Atwater
18 what job did you hold?

19 A I was a paramedic in North Carolina.

20 Q Did you work for any particular
21 organization or locality?

22 A Ambulance service.

23 Q What are your current job
24 responsibilities?

25 A I oversee the medical and dental

1 S. Vasquez

2 department for the MDC.

3 Q Within that job of overseeing the
4 medical and dental department what are your
5 particular job responsibilities?

6 A I manage the staff, I interpret
7 policy, I manage the budget. Everything that
8 entails that.

9 Q Does your job involve any patient
10 care?

11 A Occasionally I still hold my license.

12 Q So what kind of patient care are you
13 involved in?

14 A Nothing that exceeds my license.
15 Paramedic duties.

16 Q What would that be at MDC?

17 A I can assess inmates and practice the
18 protocols that are set forth for paramedics.

19 Q When you're at MDC you can assess
20 inmates, what does that mean?

21 A I can take blood pressures, pulse ox,
22 pulses, assess them to see if they need to be
23 medicated versus something that can wait, I can
24 triage, I can pass medications out, I can
25 prescribe medications that are covered under our

1 S. Vasquez

2 protocols that our Clinical Director has
3 approved.

4 Q Can you take temperature?

5 A Yes, ma'am.

6 Q And other vitals as well?

7 A Yes.

8 Q Do you assess new admits to MDC at
9 intake? Do you conduct those medical
10 assessments?

11 A Occasionally yes.

12 Q Have your job responsibilities changed
13 since the COVID pandemic began?

14 A No, my job responsibilities have not
15 changed.

16 Q Has your day-to-day duties changed
17 since the pandemic began?

18 A Yes.

19 Q Tell me how.

20 A We are running more things as a
21 department where I am ensuring temperatures are
22 being taken and screens are being done on staff
23 and inmates and we are ensuring that the virus is
24 not spread throughout the prison.

25 Q So in terms of what you do on a

1 S. Vasquez

2 day-to-day basis how has that changed since the
3 pandemic began?

4 A I appropriately put together Daily
5 Reports, occasionally I am helping take
6 temperatures. Just ensuring that we have the
7 appropriate coverage to make sure that extra
8 tasks that are added on to us are able to be
9 completed every day.

10 Q You mentioned that you have some role
11 as related to health policy.

12 Can you tell me a little bit more
13 about that?

14 A I help review the program statement
15 and help edit the institution supplements when
16 needed.

17 Q Anything else?

18 A If it's a local policy and it is in
19 relation to Health Services I would ensure that
20 it met the appropriate requirement set forth by
21 Central Office.

22 Q Is there an employee at the MDC who is
23 primarily responsible for coordinating MDC's
24 response to the COVID pandemic?

25 A I don't know if there is an employee

1 S. Vasquez

2 designated that is primarily responsible. We
3 have been working as a team to ensure that we
4 respond appropriately.

5 Q Who are the members of that team?

6 A It is a multidisciplinary team. I
7 don't know that there is a set team but when it
8 comes to whoever specific job title or point of
9 information they we would call upon that person
10 how to do with RRC or medical we would know who
11 to contact who had that specific information
12 available.

13 Q Are there meetings that you have
14 periodically with the people who are coordinating
15 the COVID response to MDC?

16 A Yes.

17 MR. CHO: Objection to the form.

18 Q When your attorney objects you still
19 can answer the question. He just needs to get
20 that on the record for later on.

21 MR. CHO: I thinks she answered. You
22 can answer again.

23 A Yes.

24 Q So can you tell me who attends those
25 meetings?

1 S. Vasquez

2 A Sometimes it changes.

3 Q When was the last meeting?

4 A I wouldn't be able to tell you off the
5 top of my head.

6 Q Was there a meeting last week?

7 A I met with a few people about this
8 last week, yes.

9 Q When you say about this can you tell
10 me what you mean?

11 A COVID-19.

12 Q Who was at that meeting?

13 A The AW, CMC.

14 Q Anybody else?

15 A No.

16 Q Were you at that meeting?

17 A Yes.

18 Q I just wanted to be clear.

19 I want to talk a little bit about the
20 different housing units in particular quarantine
21 and isolation.

22 How many different housing units are
23 there at the MDC?

24 MR. CHO: Objection to the form. You
25 can answer.

1 S. Vasquez

2 A Probably I think there is 15 or so.

3 Q Does that include the SHU unit?

4 A Yes, it might be more with the SHU
5 unit.

6 Q There is housing on the fourth through
7 the ninth floors of the west building?

8 A Yes.

9 Q In each of these units how many
10 prisoners are held?

11 A I wouldn't be able to tell you that.

12 Q Do you know approximately?

13 A No, ma'am.

14 Q Are people in double cells at MDC?

15 A Yes.

16 Q Is everyone in a double cell?

17 A The majority of the inmates are in a
18 double cell.

19 Q Who is not in a double cell?

20 A We have one housing unit in the on the
21 east side that is not a double cell.

22 Q Is that a SHU in the east building?

23 A No.

24 Q What housing unit is that?

25 A The Bravo housing unit.

1 S. Vasquez

2 Q Who is housed in the Bravo housing
3 unit?

4 A Females.

5 Q That is dorm unit?

6 A Yes.

7 Q What about in the west building, are
8 the SHU cells single cell or double cell?

9 A The majority of them are double cell.

10 Q I understand that MDC places certain
11 units in quarantine as part of its COVID
12 response; is that correct?

13 A Correct.

14 Q Are some units at the MDC currently
15 considered to be on quarantine?

16 A Yes.

17 Q Which ones?

18 A I can't tell you due to security
19 concern.

20 MR. CHO: Betsy, we can talk about it
21 off line but there are security by
22 identifying certain units and other
23 classified because of gang violence
24 and essential impact on other inmates.

25 MS. GINSBERG: Okay, I can deal with

1 S. Vasquez

2 that for now and if we need to talk
3 about specific units we will figure
4 that out. Hopeful we can just move
5 through.

6 Q How many units are in quarantine right
7 now?

8 A Currently there are two units on
9 quarantine right now.

10 Q Who decides whether a particular unit
11 is designated for quarantine?

12 A Healthcare staff.

13 Q How is that decision made?

14 A Based off if there are any inmates
15 with showing signs or symptom or if inmates are
16 coming from the street.

17 Q So if there is a unit where people are
18 coming from the street that unit would go on
19 quarantine?

20 A We have an intake unit.

21 Q That intake unit is quarantined?

22 A Yes.

23 Q So if someone were to come in to that
24 intake unit that had already been on quarantine
25 that quarantine would just continue and that

1 S. Vasquez

2 person would join the unit?

3 A No.

4 Q How does it work?

5 A The intake unit has different sets of
6 quarantine going on right no. They're all
7 currently locked into their cells to ensure that
8 they are not cross contaminating and unless you
9 came in on the same day with another inmate you
10 would be single celled with a date on your door
11 to ensure that we met the 14 day quarantine and
12 be lifted off the quarantine when their 14 days
13 ended.

14 Q Are there people in intake who are not
15 coming from the street?

16 A Yes.

17 Q What reasons are other people coming
18 into intake?

19 A We have to quarantine people before
20 they go to halfway houses.

21 Q So people who are on their way out to
22 a halfway house would be placed in quarantine in
23 intake?

24 A Yes.

25 Q Anybody else?

1 S. Vasquez

2 A No.

3 Q What about people coming in from the
4 hospital?

5 A That is coming in from the street. We
6 treat them the same way as if they came -- you
7 leave the doors we are going to treat you the
8 same way as if you were brand new.

9 Q That would go for anybody who has
10 maybe transferred from another BOP facility?

11 A A transfer from the street brought in
12 by the U.S. Marshall, went out on a routine
13 medical trip or an emergency medical trip
14 anything coming back into the prison would go
15 into that intake unit.

16 Q You said that currently there are two
17 units on quarantine, one of those is intake.

18 There is another quarantine unit?

19 A Yes.

20 Q Is that unit handled the same way as
21 the intake unit, that is are people single celled
22 unless there is some reason that they can be
23 together?

24 A No.

25 Q Can you tell me about that other

1 S. Vasquez

2 quarantined unit?

3 A That quarantined unit had an inmate
4 that was tested and tested positive who moved to
5 isolation so that quarantine unit is being
6 monitored twice day to make sure no one else had
7 symptoms.

8 Q When was that unit placed on
9 quarantine?

10 A I wouldn't be able to give you an
11 exact date.

12 Q Can you give me an approximate date?

13 A The 15th I believe.

14 Q Was that the last inmate at MDC to
15 test positive for COVID?

16 A Yes.

17 Q That was on April 15?

18 A Approximately.

19 Q Is that also the last inmate --
20 Strike.

21 In the other quarantine unit which we
22 won't name by unit but we will call it the non
23 intake quarantine unit for our purposes; okay?

24 A Okay.

25 Q All of the people who were on that

1 S. Vasquez

2 unit at the time that the person tested positive
3 have remained on that unit since that date?

4 A Yes.

5 Q Have any prisoner been moved out of
6 that unit since the day that that person tested
7 positive?

8 A Not to my recollection.

9 Q Is anyone in that unit symptomatic of
10 COVID?

11 A Not to my knowledge as of right now.

12 Q Can an individual who is not in a
13 quarantined unit be designated for quarantine?

14 A Can you clarify that please.

15 Q You mentioned that a housing unit, two
16 housing units are placed on quarantine right now
17 both of them the whole unit have been designated
18 quarantine.

19 Is there any circumstance under which
20 an individual in the general population housing
21 unit might be placed in quarantine?

22 A Yes.

23 Q Under what circumstances?

24 A If we were releasing them to halfway
25 house or home confinement or policy right now is

1 S. Vasquez

2 to quarantine for 14 days prior to release.

3 Q Aside from someone who is going into
4 quarantine because they're leaving the building
5 is there any circumstances under which an
6 individual would be placed into a quarantined
7 unit?

8 A No, we would not add to quarantine
9 unit that had active cases on.

10 Q For someone who was a close contact of
11 someone you suspected had COVID-19 or who tested
12 positive for COVID-19 what would happen for that
13 person?

14 MR. CHO: Are you talking about
15 inmate or something else, staff?

16 Q Yes, inmate.

17 I am sorry, the close contact could be
18 anyone but I am asking --

19 MR. CHO: Repeat the question.

20 Q If someone became known to you as a
21 close contact, if a prisoner became known to you
22 as a close contact of someone who was suspected
23 to be positive what would happen to that
24 individual?

25 A Are they symptomatic or asymptomatic?

1 S. Vasquez

2 Q The person is asymptomatic?

3 A They would be quarantined for 14 days.

4 Q Where would that person go?

5 A More than likely the whole unit would
6 be quarantined for 14 days.

7 Q Someone who is a close contact with
8 someone with suspected COVID everyone on that
9 persons unit would be quarantine?

10 A Other than abundance of caution to
11 ensure we are not spreading this and we are
12 checking everybody in the unit to ensure they
13 don't have symptoms, yes, we would quarantine the
14 entire unit.

15 Q What about workers who came on to that
16 unit to clean?

17 A We don't bring workers on to the unit
18 to clean.

19 Q There are not orderlies cleaning the
20 units right now?

21 A They live in those units.

22 Q I see. Okay.

23 Are these people who are in the Cadre
24 who are living in the units and cleaning or are
25 they other people who are just happen to be on

1 S. Vasquez

2 the unit?

3 A To my knowledge our Cadres only live
4 in the Cadre unit.

5 Q Have any units at the MDC been placed
6 on quarantine because of a suspected rather than
7 a confirmed case of COVID?

8 A All units are originally placed on
9 quarantine due to a suspected COVID. They remain
10 on quarantine due to a positive COVID.

11 Q Has any unit been placed on quarantine
12 due to a suspected COVID where the suspected
13 patient was not tested?

14 A No.

15 Q Does that mean that every suspected
16 case of COVID at MDC has been provided with a
17 COVID test?

18 A No.

19 Q There are people at the MDC who are
20 suspected as having COVID but who has not been
21 provided with COVID test; correct?

22 A Yes.

23 Q How do you handle their housing unit,
24 that is if someone is suspected but never gets
25 tested does that housing unit go on quarantine?

1 S. Vasquez

2 A The only reason why we would not test
3 based off of symptoms if we suspect COVID would
4 be because they came up with symptoms from a
5 housed unit that has already had positive tests
6 and we suspect based off the fact that they came
7 from the same house unit they are positive as
8 well.

9 Q You're saying that the MDC is testing
10 all of the suspected cases unless that person was
11 in close contact with a positive patient?

12 A Yes, ma'am.

13 Q Has MDC ever put a housing unit on
14 quarantine if there was a suspected case where
15 the person was not tested?

16 A No.

17 Q Has MDC ever placed a unit on
18 quarantine because a staff member had --

19 A Hold on. I am sorry.

20 The intake unit is permanently on
21 quarantine and it's not because we suspect that
22 there is COVID. It is because they're coming in
23 from the street. We have not tested anybody in
24 that unit.

25 Q Has a unit at the MDC ever been placed

1 S. Vasquez

2 on quarantine because a staff member who has
3 later tested positive had been on that unit?

4 A No.

5 Q Has MDC ever placed a unit on
6 quarantine because a staff member was suspected
7 as having a case of COVID?

8 A No.

9 Q Other than the two units that are on
10 quarantine right now how many other units at MDC
11 have been on quarantine?

12 A I couldn't tell you that off the top
13 of my head.

14 Q Approximately?

15 A Seven including the two that are
16 currently on over a month and a half period.

17 Q Are people in quarantine double
18 celled?

19 A Yes.

20 Q Why?

21 A Because we physically don't have the
22 space to single cell quarantine. That is against
23 CDC guidance right now.

24 Q Can you tell me what is against CDC
25 guidance right now?

1 S. Vasquez

2 A If you don't physically have the space
3 for quarantine it states you can cohort and there
4 is guidance for detention centers and jails.

5 Q But you're aware that the CDC says
6 that the facility should make every possible
7 effort to quarantine close contact of COVID cases
8 individually; correct?

9 A And for close contact we do.

10 Q Who is considered a close contact of a
11 suspected or positive case?

12 A Someone that has close prolonged
13 contact with that person.

14 Q So if somebody was a cellmate of
15 someone who was suspected to have COVID would
16 that person then go into medical isolation?

17 A We are not using the term medical
18 isolation but typically what has been happening
19 if they showed symptoms then they would be moved
20 to isolation. If they were not showing symptoms
21 they would be quarantined by themselves in the
22 cell that the person came out of that they shared
23 together.

24 Q Who else besides the cellmate would be
25 quarantined individually because of the close

1 S. Vasquez

2 contact?

3 A No one because no one else would have
4 close contact. They are currently locked in
5 their cells.

6 Q Aren't they out for an hour a day?

7 A Not prolonged close contact though.
8 They are encouraging social distancing and we are
9 wiping everything down.

10 Q What about before the lockdown?

11 A Clarify.

12 Q Before the lockdown people who are on
13 quarantine were allowed to be out of their cells
14 throughout much of the day; correct?

15 MR. CHO: Objection to the form. You
16 can answer.

17 A So yes, that is true before the
18 lockdown happened we were performing that way
19 based off the guidance we had received from
20 Central Office about cohorting.

21 Q The lockdown happened around April 1?

22 A Around there, yes.

23 Q Just getting back to quarantine, so
24 the only person who would be considered a close
25 contact for purposes of celling individually

1 S. Vasquez

2 would be the cellmate of a positive case?

3 A Or suspected positive.

4 Q Have there only been 12 suspected
5 positive cases at the entire MDC since March 1?

6 A Suspected positive?

7 Q Yes.

8 A I am sorry. Clarify.

9 Q So I am asking if there have been only
10 12 suspected or confirmed positive cases?

11 MR. CHO: Objection to the form. You
12 can answer the question.

13 A Are you asking how many people we have
14 tested?

15 Q No, I am asking if the total number of
16 people that have either been -- that fall into
17 the category of having confirmed COVID or
18 suspected COVID is 12?

19 A No.

20 Q How many?

21 A We have tested 13. We have the six
22 positive tests come back. All 13 we tested were
23 symptomatic. We also have five that we consider
24 most likely positive for COVID due to close
25 contact with a person whose had and due to

1 S. Vasquez

2 symptoms.

3 Q You mentioned that there have been 13
4 people tested.

5 As of April 23 I am aware that there
6 have been 12 people tested. When was the
7 thirteenth person tested?

8 A Later last week.

9 Q The five who you said were suspected
10 positive because of their close contact and
11 symptoms why were none of them tested?

12 A Because they came out of units that
13 already had positive COVID tests. One unit in
14 particular.

15 Q When was that?

16 A I couldn't give you a date.

17 Q Can you tell me approximately?

18 A No.

19 Q Was it in March?

20 A I don't remember.

21 Q Was it Unit 72?

22 A No.

23 Q So you have said the MDC doesn't have
24 enough space to individually quarantine prisoners
25 in the two units that are being used for

1 S. Vasquez

2 quarantine; is that correct?

3 A No.

4 Q MDC could single cell all of the
5 people in quarantine?

6 A No. You made a generalization that the
7 unit stayed the same that are quarantined and
8 they don't.

9 Q Why can't the MDC single cell people
10 in quarantine?

11 A A space issue.

12 Q Is MDC full right now?

13 A I couldn't tell you that.

14 Q Do you know if the east building is
15 being used for male housing right now?

16 A That is not in my wheelhouse.

17 Q Are people housed on quarantine units
18 regularly screened for COVID?

19 A Twice a day.

20 Q What does that screening consist of?

21 A Temperature check and a wellness
22 check.

23 Q Tell me about the wellness check.

24 A Typically we are going to take your
25 temperature and we are going to ask you how

1 S. Vasquez

2 you're doing and at that point you have an
3 opportunity to tell the medical staff making
4 rounds if you're having any symptoms.

5 Q Are there particular questions that
6 the staff who does the screening is asking the
7 prisoners?

8 A For the general wellness check?

9 Q Yes.

10 A No.

11 Q The temperature check is that using a
12 forehead thermometer?

13 A Using an infrared thermometer.

14 Q Meaning a no touch thermometer?

15 A Yes.

16 Q When did this practice of screening in
17 quarantine begin?

18 A From around the middle of March.

19 Q Who conducts the screening?

20 A Medical staff members.

21 Q Do you sometimes conduct these
22 screenings?

23 A Occasionally.

24 Q Is there a particular time of day that
25 these happen?

1 S. Vasquez

2 A Usually in the morning and usually in
3 the evening.

4 Q The person who does these checks comes
5 around to every single person on the quarantine
6 unit and takes their temperature?

7 A Yes.

8 Q At the same time does a wellness
9 check?

10 A Ask the inmate how they're doing, yes.

11 Q Beyond "how are you doing" are there
12 any questions asked?

13 A No.

14 Q What record is made of this screening?

15 A The temperatures are recorded into the
16 bureau electronic record system.

17 Q Can you say that again?

18 A The temperatures are recorded into the
19 bureau electronic record system.

20 Q The bureau electronic record system?

21 A Electronic medical record system.

22 Q Is anything else recorded into that
23 system as result of this screening?

24 A No.

25 Q Does anyone review the temperature

1 S. Vasquez

2 records?

3 A Not unless one came out abnormal.

4 Q If one comes up abnormal what happens?

5 A We would probably immediately stop
6 what we were doing, pull the inmate, isolate the
7 inmate, assess him for symptoms.

8 Q What is abnormal?

9 A Anything over 100.4.

10 Q If during this screening the person
11 has no fever but reports a symptom what happens?

12 A They would be assessed by the medical
13 provider.

14 Q The medical provider conducting the
15 check?

16 A Yes.

17 Q Many of the people who we have spoken
18 to who are incarcerated at the MDC have reported
19 that these are temperature checks only, that
20 they're not spoken to.

21 Have you heard that as well?

22 A No.

23 Q Is there any record of the
24 conversations that are had between the medical
25 provider who conducts the screening and the

1 S. Vasquez

2 prisoner?

3 A No.

4 Q So every time that you conduct one of
5 these you conduct the wellness check by
6 initiating that conversation with the prisoner?

7 A Yes.

8 Q When was the last time you conducted a
9 quarantine screening?

10 A I couldn't tell you off the top of my
11 head.

12 Q Was it last week?

13 A Possibly.

14 Q What if the prisoner does not speak
15 English how is the wellness check typically
16 conducted?

17 A I have many providers that speak
18 Spanish so if an inmate wanted to report symptoms
19 they could. In fact a few of the people that we
20 have isolated and tested are Spanish only
21 speakers.

22 Q Do you speak Spanish?

23 A A little.

24 Q You said other medical providers at
25 MDC do speak Spanish?

1 S. Vasquez

2 A Yes.

3 Q Which ones?

4 A Does that make a difference?

5 Q Yes.

6 A I have I think three nurses that speak
7 Spanish and a doctor who speaks some Spanish.

8 Q How long does a screening take on one
9 of these units?

10 A About an hour probably.

11 Q It takes an hour to get through all of
12 the people on the unit?

13 A At minimum.

14 Q If I told you that there are 124
15 people on the unit does that sound right to you?

16 A Sure.

17 Q When can a unit be removed from
18 quarantine?

19 A As long as no one has had symptoms for
20 14 days.

21 Q How is that monitored?

22 A By performing twice daily temperature
23 and wellness checks.

24 Q Prisoners on these units are not asked
25 specifically if they have any COVID symptoms?

1 S. Vasquez

2 A Every day twice a day.

3 Q So they're asked how they are doing;
4 correct?

5 A Yes.

6 Q But they are not asked about specific
7 symptoms; are they?

8 A Typically when the unit originally
9 goes down on quarantine they have already all the
10 entire prison has been instructed on what the
11 symptoms of COVID are.

12 Q But they're not asked specifically
13 about them during the screening; correct?

14 A No, but they have an opportunity twice
15 daily to inform medical staff if they are having
16 symptoms.

17 Q Have you heard that there are some
18 individuals who are concerned that if they report
19 symptoms they will be placed in isolation?

20 A No.

21 Q What are people told about what will
22 happen if they do report symptoms?

23 A That they will be placed in isolation.

24 Q Do they know what that means? Have
25 they been told what medical isolation is?

1 S. Vasquez

2 A Isolation is going into a different
3 unit in a cell by yourself and so that you're not
4 infecting anybody else.

5 Q So I understand that but I am
6 wondering what the prisoners at the MDC have been
7 told what will happen if they report those
8 symptoms?

9 A I don't know that we have had specific
10 conversations about that with them, no.

11 Q They have not been told for example
12 that they won't go to the SHU if they report
13 symptoms?

14 A They also have not been told that they
15 would go to the SHU.

16 Q When can an individual be removed from
17 quarantine?

18 A An individual or an unit?

19 Q I guess this would typically apply in
20 the intake setting where people are individually
21 placed into quarantine.

22 When would an individual from intake
23 be removed from quarantine?

24 A Fourteen days as long as they have not
25 showed any symptoms.

1 S. Vasquez

2 Q So the people who are coming in from
3 outside of a facility are all quarantined for the
4 full 14 days before moving into a housing unit?

5 A Yes.

6 Q When did that practice begin?

7 A I wouldn't be able to give you a
8 specific date.

9 Q Could you give me an approximate date?

10 A Somewhere around the first of April I
11 believe.

12 Q Before the first of April or
13 thereabouts what was the practice of quarantining
14 people coming from outside?

15 A Our practice was to screen before
16 coming in. So we had no official guidance on
17 quarantine coming from the outside.

18 Q What does that mean in practical
19 terms? What happened to someone who came in?

20 A Before they came in the door receiving
21 in discharge a medical staff member would meet
22 them, take their temperature and ask them a
23 series of question based off the inmate's
24 screening tool and determine whether or not they
25 needed to be quarantined or isolated.

1 S. Vasquez

2 Q What would that determination be based
3 on?

4 A If they answered yes to any of the
5 questions or they had a fever.

6 Q If they had a fever what would happen?

7 A They would be isolated.

8 Q If they answered yes to any questions
9 what would happen?

10 A Depends on what the question and
11 answer yes was.

12 Q What questions were they asked?

13 A They're asked if they had traveled to
14 any of the areas that had high outbreaks of
15 COVID-19, namely the country at the time. They
16 were also asked if they have had any close
17 contact with anyone diagnosed with COVID-19. And
18 then they were also asked had they had any fevers
19 or chills, shortness of breath or cough.

20 Q Anybody without the symptoms you just
21 listed without close contacts and without travel
22 to one of the affected countries would have been
23 placed immediately into a general population
24 housing unit?

25 A No.

1 S. Vasquez

2 Q Tell me then.

3 A They would have gone into our intake
4 unit as normal.

5 Q How long would they have stayed there?

6 A I don't know. Typically it's a week
7 to two weeks.

8 Q We were a few minutes ago talking
9 about the screening of people twice a day
10 screening of people in quarantine.

11 I want to ask you about screening of
12 people in general population housing units.

13 Are people in general population
14 units, by that I mean non isolation, non
15 quarantine, regularly screened for COVID?

16 A No.

17 Q How about in the SHU?

18 A No, we make twice daily rounds in all
19 units.

20 Q Have those rounds continued during
21 COVID?

22 A Yes.

23 Q What happens during those rounds?

24 A Medical stop around, ensure that the
25 inmates are doing well and pass out sick call if

1 S. Vasquez

2 they want to fill out a sick call.

3 Q When you say, I will get to that
4 actually in a little bit.

5 So just one other question about
6 screening in general population. In the Cadre
7 unit are people screened regularly?

8 A No.

9 Q Are rounds done in the unit?

10 A Yes.

11 Q When are those rounds done?

12 A Twice a day.

13 Q Aren't those individuals that have
14 work assignments during the day?

15 A Not all of them are at work right now.

16 Q What about in the units where people
17 are at work such as the food service workers?

18 A We make twice daily rounds on those
19 units as well.

20 Q During the twice daily rounds that you
21 just mentioned in general population what
22 protective gear do medical staff wear?

23 A In general population?

24 Q Yes.

25 A Surgical masks, gloves.

1 S. Vasquez

2 Q Always surgical masks?

3 MR. CHO: I missed that. What was
4 that?

5 MS. GINSBERG: I asked if they always
6 wear a surgical mask?

7 A Surgical masks are what is identified
8 by the CDC for asymptomatic people when you are
9 not dealing with people who are symptomatic with
10 COVID. So yes, surgical masks.

11 Q Does that mean that the staff always
12 wears surgical masks when they conduct their
13 rounds with general population units?

14 MR. CHO: Objection to the form.

15 A Yes.

16 Q What about in the quarantine units?

17 MR. CHO: What was the question about
18 quarantine?

19 Q Do they always wear surgical masks,
20 the staff members conducting the twice daily
21 round?

22 A In quarantine units?

23 Q Yes.

24 A They have access to N-95 for
25 quarantine units.

1 S. Vasquez

2 Q So I am asking what they wear?

3 A It depends if they're fit tested or
4 not.

5 Q Are there some members of the medical
6 staff who has not yet been fit tested?

7 A All the medical staff have been fit
8 tested.

9 Q Do they wear N-95 when they are
10 conducting twice daily rounds on the quarantine
11 unit?

12 A I do not physically watch them make
13 all their rounds.

14 Q Do you wear a N-95 when you go on to
15 the quarantine unit?

16 A Yes.

17 Q Always?

18 A Yes. Well if I am opening the door,
19 yes.

20 Q If you're not opening the doors?

21 A No, surgical masks just like this
22 (indicating).

23 Q What about gloves, do the medical
24 workers on general population who do rounds wear
25 gloves?

1 S. Vasquez

2 A If they're touching things, yes.

3 Q What in quarantine?

4 A Yes.

5 Q Previously you just told me that you
6 don't know whether people are wearing N-95 masks
7 because you don't see them.

8 How do you know that they're wearing
9 gloves or surgical masks?

10 A Because it is basic medical practice.

11 Q You're basing this your answers on
12 what the policy is and not what you have
13 observed?

14 A Yes.

15 MS. GINSBERG: I would like to take a
16 five minute break.

17 VIDEOGRAPHER: Going off the record
18 at 1:27 p.m.

19 VIDEOGRAPHER: Going back on the
20 record at 1:37 p.m.

21 Q I want to go back one second to the
22 quarantine twice daily screening that go on.

23 When medical staff conducts those
24 screening what do they have with them besides a
25 thermometer, an infrared thermometer?

1 S. Vasquez

2 A All the medical staff that make those
3 screenings carry a pulse oximeter as well.

4 Q Do they use those?

5 A If needed.

6 Q When is it needed?

7 A Complaints of shortness of breath.

8 Q Okay.

9 And do the medical staff conducting
10 screening in general population also carry a
11 pulse oximeter?

12 A As I stated previously, yes.

13 Q Besides a thermometer and a pulse
14 oximeter what do the medical staff conducting
15 screening in quarantine carry.

16 (Whereby, the requested portion was
17 read back by the reporter.)

18 A Nothing specifically.

19 Q You mentioned that there are not
20 records kept of these encounters; correct?

21 A We document the temperature twice
22 daily.

23 Q How is that documented in the moment?

24 A Typically on a roster and it's
25 transcribed once at a computer.

1 S. Vasquez

2 Q The medical professional goes around
3 with like a roster --

4 A Clipboard.

5 Q -- clipboard, fills it in by hand and
6 then that gets entered into the computer by
7 somebody else?

8 A Yes, well no, usually by the person
9 taking it.

10 Q If somebody reports either a COVID
11 symptom or another medical problem would that be
12 reported?

13 A Reported on what?

14 Q Would it be recorded in anyway?

15 A COVID symptoms would be assessed
16 typically immediately. Any other medical problem
17 as long as it wasn't urgent or emergent would be
18 they typically would be handed a sick call form
19 and triaged as appropriate.

20 Q Are there currently any units on
21 medical isolation?

22 A Yes.

23 MS. GINSBERG: James, are you fine if
24 we talk about Unit 84 since we all
25 here know it's Unit 84?

1 S. Vasquez

2 MR. CHO: Yes, I am more concerned
3 about public if some day that it is
4 made but we all know where the
5 isolation is. Perhaps you can refer
6 to it as the isolation unit for now
7 and we can deal with whether we want
8 to have it added on later.

9 MS. GINSBERG: That is fine.

10 Q This is the only unit that is
11 currently on isolation?

12 MR. CHO: Repeat the question. You
13 broke up in the middle.

14 Q This is the only unit that is
15 currently on isolation?

16 A It is our unit that is designated as
17 isolation.

18 Q Are there other people in medical
19 isolation right now?

20 A There are, no, there are no other in
21 isolation right now.

22 Q They're all on the isolation unit if
23 they're in isolation?

24 A Yes.

25 Q Have any other units been used for

1 S. Vasquez

2 medical isolation besides the one that is
3 currently being used?

4 A No.

5 Q So every person who has been in
6 medical isolation since the beginning of the
7 pandemic has gone to what is currently called the
8 isolation unit?

9 A Yes.

10 Q What is medical isolation?

11 A Can you clarify what you're asking.

12 Q Sure.

13 What are the criteria for placing
14 people on medical isolation?

15 A The clinical decision made by one of
16 the providers. We are going to assess their
17 symptoms, fevers, cough, shortness of breath. If
18 we determine that they may fit the symptom style
19 of COVID we would isolate them and based off of
20 the housing unit as previously discussed or
21 positive COVID cases out of that housing unit as
22 previously been discussed we would either test
23 them or presume positive.

24 Q When someone is placed in isolation is
25 there a specific record made of that placement?

1 S. Vasquez

2 A Yes.

3 Q How is that placement recorded?

4 A As an encounter put into the Bureau of
5 Electronic Medical Records.

6 Q Are there any written criteria that
7 help medical staff to know when to put someone in
8 medical isolation?

9 A Yes, there has been guidance passed
10 down by the Central Office.

11 Q What does that guidance say?

12 A I wouldn't be able to quote it off the
13 top of my head.

14 Q Can you tell me in substance what it
15 says?

16 A We should -- a high suspicion of COVID
17 if they have a cough, shortness of breath, fever
18 over 100.4 infrared forehead and that is about
19 it. There is more to it.

20 Q Is a fever required before someone is
21 placed in medical isolation?

22 A No, and we have isolated people who
23 have not had fevers.

24 Q Are you aware that what the CDC says
25 is that as soon as an individual develops

1 S. Vasquez

2 symptoms of COVID they should wear a face mask
3 and should be immediately placed under medical
4 isolation?

5 A All inmates have face masks right now.

6 Q So are you aware that the CDC says
7 that as soon as an individual develops symptoms
8 they should be immediately placed under medical
9 isolation?

10 A Yes.

11 Q Does that mean as soon as they have
12 developed any symptoms consistent with COVID-19
13 they should be placed in medical isolation?

14 MR. CHO: Objection to the form.

15 A It is a clinical decision made by
16 providers.

17 Q What I am asking is whether someone
18 who has developed any symptom consistent with
19 COVID-19 is placed in medical isolation?

20 MR. CHO: Objection to the form.

21 A They would be assessed and it would be
22 the decision of the clinical provider.

23 Q Do you know whether anyone at the MDC
24 has complained of symptoms of COVID-19 and not
25 been placed in medical isolation?

1 S. Vasquez

2 A I don't know that, no.

3 Q You don't know?

4 A No.

5 Q Are you aware of any individuals at
6 MDC who have complained of symptoms and have not
7 been placed in medical isolation?

8 A Not aware, no.

9 Q Is a medical isolation unit managed
10 different than a quarantine unit?

11 A In what way?

12 Q In anyway?

13 MR. CHO: Objection to the form. You
14 can answer if you can.

15 A Medical isolation is run off of
16 isolation protocols.

17 Q What does that means?

18 A Typically if we are going to open the
19 door we are going to wear N-95 gowns and masks
20 and face shields or goggles and the inmates are
21 checked on twice daily by medical staff as well
22 and they have temperature checks and wellness
23 check performed.

24 Q When you say "if we open the door we
25 are going to wear face shields" when you say "we"

1 S. Vasquez

2 who are you talking about?

3 A Any staff opening the door.

4 Q Both custody staff and medical staff?

5 A Yes.

6 Q Have you ever observed any custody
7 staff wearing gowns?

8 A Yes.

9 Q Who?

10 MR. CHO: Objection to the form.

11 A Custody working that unit.

12 Q The isolation unit?

13 A And quarantine unit.

14 Q Custody staff in the quarantine unit
15 wears gowns?

16 A They were provided gowns if they chose
17 to wear them.

18 Q They're not required?

19 A They're not required.

20 Q They have all been provided with
21 gowns?

22 A Yes.

23 Q Have they been provided with face
24 shields?

25 A Goggles.

1 S. Vasquez

2 Q All staff on the quarantine and
3 isolation unit?

4 A Yes.

5 Q How soon after a person reports COVID
6 symptoms should they be placed in isolation?

7 A Once they're assessed and it is
8 determined that they needed to be placed in
9 isolation it would be immediately.

10 Q You mentioned that there is some
11 guidance from Central Office on medical
12 isolation.

13 Is there a form that gets completed to
14 determine whether someone goes into medical
15 isolation?

16 A No.

17 Q It is like a policy document?

18 A Guidance.

19 Q Do you know who authored that
20 guidance?

21 A No.

22 Q If an inmate tests positive for COVID
23 are they assigned to an isolation unit?

24 A They would already be in an isolation
25 unit.

1 S. Vasquez

2 Q Once they have been tested?

3 A Before they were tested. Before they
4 were tested they would be in isolation unit as
5 soon as they were identified they would be in an
6 isolation unit.

7 Q So I think you said earlier that there
8 have been 13 people total tested; is that
9 correct?

10 A Yes.

11 Q All of them were placed in isolation
12 prior to receiving the COVID test?

13 A Yes.

14 Q You said there were five additional
15 people who were placed in isolation as well?

16 A As a presumed positive, yes.

17 Q Were they all placed in isolation at
18 the same time?

19 A No, that is over a month and a half
20 period.

21 Q They were not all from the same unit
22 at the same time?

23 A No.

24 Q What was the basis for the decision of
25 sending those people into medical isolation?

1 S. Vasquez

2 MR. CHO: Objection to the form. Are
3 you referring to those that are the
4 conflict or the five personnel?

5 MS. GINSBERG: The five.

6 A Symptoms and the confirmed positive
7 tests from that unit.

8 Q Were all of those five people
9 cellmates of people who had been tested for
10 COVID?

11 A None of them were.

12 Q But they were all on units where
13 somebody tested positive?

14 A Same unit.

15 Q All five people were from the same
16 unit?

17 A Yes.

18 Q Were they all sent into medical
19 isolation based on the same individuals who
20 tested positive tests?

21 A Yes.

22 Q What unit was that?

23 A Two individuals were positive test.

24 Q Two individuals were positive test.
25 What unit was that?

1 S. Vasquez

2 A I don't remember what unit it was.

3 Q Was it Unit 53?

4 A I don't remember.

5 Q Do you know what floor it was on?

6 A I don't remember.

7 Q Is there anything that you remember
8 about the unit?

9 A That I had two inmates tested positive
10 and we had five presumed positive out of that
11 unit.

12 Q Do you know if any of those people are
13 still in isolation?

14 A None of them are still in isolation.

15 Q Do you know whether --

16 Did you speak with any of the custody
17 staff who worked on that unit around the time
18 that the positive tests came in?

19 A No.

20 Q Have you spoken with any of the
21 inmates who were placed in isolation from that
22 unit?

23 A No, I performed some of their
24 temperature checks.

25 Q You performed the temperature check in

1 S. Vasquez

2 isolation or prior to their being in isolation?

3 A I don't remember. It could have been
4 either, it could have been both.

5 Q You're certain you don't remember
6 which unit it was?

7 A No.

8 Q When you did the temperature checks
9 for those individuals from that unknown unit did
10 you speak with those individuals?

11 A In what way?

12 Q In anyway?

13 A I would have performed a wellness
14 check just like any other time I performed
15 temperature checks.

16 Q This was while they were in isolation?

17 A Yes.

18 Q Are there people who have expressed
19 symptoms of COVID who have not been placed in
20 isolation?

21 A Yes.

22 Q Can you tell me when that would happen
23 that a person who expressed COVID symptoms would
24 not be placed in medical isolation?

25 A That is a clinical providers judgment.

1 S. Vasquez

2 Q Do you know how many such people there
3 have been at the MDC?

4 A No.

5 Q Do you know if there have been more
6 than ten?

7 A I wouldn't be able to tell you that.

8 Q Have any asymptomatic individuals been
9 placed in isolation?

10 A No.

11 Q Are you ever in the position of making
12 a determination as to whether someone will be
13 placed in medical isolation?

14 A I make the determination with the
15 provider who assessed them and our acting
16 Clinical Director.

17 Q Aside from -- what you told me so far
18 is that it is a clinical decision.

19 Can you tell me what goes into that
20 clinical decision what factors?

21 A Symptoms, how long the symptoms have
22 lasted, what the severity of the symptoms are.

23 Q Anything else?

24 A Clinical decision is made by the
25 provider.

1 S. Vasquez

2 Q Does the guidance that you mentioned
3 from Central Office permit medical staff to not
4 place in isolation people with COVID symptoms?

5 A I am sorry. Can you clarify that
6 question?

7 Q You mentioned earlier there is a
8 medical guidance or a guidance from Central
9 Office that guides clinical staff as to when to
10 place someone in medical isolation for reasons
11 related to COVID; correct?

12 A Correct.

13 Q Does that guidance allow for
14 placing -- sorry, not placing people in isolation
15 even though they display COVID symptoms?

16 A No, if they display COVID symptoms.

17 Q So if somebody coughs does that mean
18 they go into medical isolation?

19 A No.

20 Q So then tell me what you mean by
21 displaying COVID symptoms?

22 A That is made by the provider
23 performing the assessment for them.

24 Q Well, is a cough a COVID symptom?

25 A Yes. A cough is also a symptom of

1 S. Vasquez

2 other things though.

3 Q Sure, as would a fever be; correct?

4 A Yes.

5 Q If someone complains of COVID symptoms
6 are they necessarily placed in medical isolation?

7 A No.

8 Q Is that consistent with the guidance
9 from Central Office?

10 A Yes.

11 Q Are the people in medical isolation at
12 MDC single cell?

13 A Yes.

14 Q Always?

15 A From my knowledge, yes.

16 Q With a dedicated bathroom?

17 A Yes, toilet, yes.

18 Q Not a shower; correct?

19 A No.

20 Q In the current isolation unit is the
21 whole unit considered to be on medical isolation?

22 A No.

23 Q Is all of the upstairs portion of that
24 unit considered to be medical isolation?

25 A To the best of my knowledge, yes.

1 S. Vasquez

2 Q What is the downstairs portion of that
3 unit designated for?

4 A That is not my department.

5 Q Do you know who is housed in the
6 downstairs unit the isolation unit?

7 A Other inmates.

8 Q Do you know any particular kinds of
9 other inmates?

10 A Not in my wheelhouse.

11 Q So you're not aware?

12 A No.

13 Q Are there -- do you know whether
14 people who are placed in SHU are in the
15 downstairs portion of the medical isolation unit?

16 A Not my department.

17 Q Do you know whether people who are
18 returned from the hospital are housed in the
19 downstairs portion of the medical isolation unit?

20 A If they're returning to the hospital
21 and they're suppose to be in a general population
22 unit they will go to the intake unit.

23 Q So people who are being immediately
24 returned from the hospital would go to intake
25 after quarantine; correct?

1 S. Vasquez

2 A As long as they were going to an
3 general population unit.

4 Q If they were going to some other unit
5 what would happen?

6 A If they had to be returned to SHU they
7 would be quarantined in the isolation unit.

8 Q In the current isolation unit?

9 A Yes.

10 Q Have you been into the isolation unit
11 recently?

12 A Yes.

13 Q When was the last time you were there?

14 A Last week.

15 Q Are you aware that there is a big sign
16 on the door that says SHU with yellow
17 highlighting in all caps?

18 A Okay.

19 Q That it says special housing unit on
20 multiple cell doors within that unit?

21 A Okay.

22 Q I am asking if you were aware?

23 A I don't designate inmates to units.

24 Q I am not asking you if you designate
25 them. I am asking if you have seen those signs?

1 S. Vasquez

2 A Okay, I might have seen the signs.

3 Q But you don't recall?

4 A I don't recall.

5 Q If someone was designated for special
6 housing but they're returning from the hospital
7 they would go into that downstairs portion of the
8 isolation unit?

9 MR. CHO: Objection to the form. I
10 don't think that is her prior
11 testimony.

12 MS. GINSBERG: Okay, well she can
13 correct it.

14 A Can you repeat what you said please.

15 Q People who are returning from the
16 hospital but who are designated special housing
17 would they go to that downstairs portion of the
18 isolation unit upon return?

19 A They go to a single cell in that unit
20 to be quarantined for 14 days.

21 Q Can you describe for me what that unit
22 looks like, the layout of that unit?

23 A It is two tiers.

24 Q What do the tiers open -- I am sorry
25 go ahead.

1 S. Vasquez

2 A It is two tiers with cells on both
3 tiers in that housing unit.

4 Q If an inmate walked out of the door of
5 a top tier cell would he be able to see into the
6 common area for the unit?

7 A They're all locked in.

8 Q I am asking if somebody came out or if
9 you were standing outside their cell?

10 A Would I be able to see -- I am sorry,
11 I don't understand what you're asking.

12 Q Would you be able to see into the
13 common area?

14 A There is no common area there.

15 Q On the lower floor of the unit?

16 A It is not used as a common area.

17 Q Right now?

18 A Okay, yes.

19 Q Is it sometimes used as a common area?

20 A No, I have never seen it used as a
21 common area.

22 Q What about in other housing units, is
23 that typically where the common area is?

24 A Yes.

25 Q So before this was a medical isolation

1 S. Vasquez

2 unit it was probably a common area; right?

3 MR. CHO: Objection to the form.

4 A Yes.

5 Q The top tier cells open out into the
6 same general area as the bottom tier cells,
7 right, there is not a ceiling over the bottom
8 tier that separates them?

9 A No.

10 Q There is no ceiling?

11 MR. CHO: Objection to the form. Go
12 ahead and answer.

13 A No.

14 Q The air that flows outside of the
15 cells in both the top and bottom tiers is there
16 is nothing preventing air flow between those two
17 areas; correct?

18 A No.

19 Q That is not correct or it is correct?

20 A No, there is nothing preventing air
21 flow.

22 Q I just wanted to make sure that we got
23 a clear answer there.

24 Why are people in medical isolation
25 housed in such close proximity to people who

1 S. Vasquez

2 don't need medical isolation?

3 MR. CHO: Objection to the form.

4 A Because the disease is an airborne.
5 Just precaution.

6 Q There is no concern that this would
7 put the people in the bottom tier in danger?

8 A No. All the inmates have masks as
9 well.

10 Q All the inmates in isolation?

11 A All the inmates in the prison have
12 masks.

13 Q In isolation what kind of masks do
14 they have?

15 A Surgical masks just like every other
16 inmate.

17 Q How often do they get them?

18 A Once a week.

19 Q What happens if one breaks?

20 A If one breaks they could tell a staff
21 member and we would replace it.

22 Q Have you replaced people's broken
23 masks?

24 A I have not personally.

25 Q Are you aware of anyone who received a

1 S. Vasquez

2 replacement mask before a week is up?

3 A I am not aware that anyone has broken
4 a mask.

5 Q Is there medical care available within
6 the isolation unit?

7 A Daily rounds are made by medical staff
8 and they can tell a CO who makes rounds every 30
9 minutes in that unit.

10 Q Other than if somebody needs care
11 beyond the rounds where would they get that care?

12 A Beyond what realm.

13 Q Beyond the rounds, you said that there
14 is rounds conducted?

15 A Beyond the rounds. What kind of care?

16 Q Any kind of care that you can't get on
17 a walk by medical round -- a bandage?

18 A If we needed to perform some time
19 medical procedure that couldn't be done without
20 moving the inmate who is on isolation we have a
21 medical room designated on the floor that is
22 always there that we can do exams in if needed.

23 Q Has that happened for people in
24 isolation?

25 A Yes.

1 S. Vasquez

2 Q Do they have to leave the isolation
3 unit in order to get that care?

4 A Yes.

5 Q Do they have to walk through any other
6 units to get that care?

7 A No.

8 Q Do they have to walk through
9 anything --

10 So they walk out of the isolation
11 unit. Where do they go from there to get that
12 care?

13 A You make a right and you walk about
14 five feet and you make another right into the
15 medical room.

16 Q They walk through a hallway?

17 A Yes, wearing a mask.

18 Q Do any of the inmates in isolation
19 have N-95 mask?

20 A No, you have to be fit tested to wear
21 a N-95.

22 Q Have any of them been fit tested?

23 A I don't fit test inmates. I don't do
24 fit test at all. Safety does.

25 Q I wasn't asking if you had. I am just

1 S. Vasquez

2 asking if they have?

3 A I am unaware of that.

4 Q How many people are currently in
5 isolation, medical isolation?

6 A Two.

7 Q There are two people currently in
8 medical isolation?

9 A Yes.

10 Q Has either of them tested positive for
11 COVID?

12 A One has.

13 Q The other one was in close contact?

14 A Presumed positive.

15 Q Has not been tested?

16 A Correct. It was his cellmate.

17 Q Of the person who is also in
18 isolation?

19 A Yes.

20 Q Where are other people with COVID
21 symptoms housed?

22 A No where.

23 Q Those are the only two people at the
24 MDC with any COVID symptoms?

25 A With any active COVID symptoms that we

1 S. Vasquez

2 know of, yes.

3 Q Nobody has reported COVID symptoms
4 other than these two?

5 A We would assess them and determine
6 whether or not they met the guidance for
7 COVID-19.

8 Q If somebody shows one symptom that
9 isn't a fever would they meet the guidance?

10 A Depends what the symptom is.

11 Q If it's a cough?

12 A That would be assessed by the medical
13 provider.

14 Q What if it's a loss of sense of taste?

15 A It would be assessed by the medical
16 provider.

17 Q Have you ever tested someone for COVID
18 symptoms other than fever?

19 A Suspected active COVID?

20 Q Yes.

21 A No, I have not been involved in that
22 assessment.

23 Q You mentioned that rounds are
24 conducted by the medical staff in isolation as
25 well.

1 S. Vasquez

2 How often?

3 A Twice a day.

4 Q What does that screening consist of?

5 A Temperature check and a wellness
6 check.

7 Q Is it done any differently than the
8 checks that are done in quarantine?

9 A No.

10 Q Are the doors of the cells open to
11 conduct those checks?

12 A There are locks on the doors so we try
13 to avoid opening the doors if we can. If we need
14 to we do.

15 Q So can you describe for me how you
16 would conduct a wellness check without opening
17 the door?

18 A You can talk to the inmate through the
19 door and you can open the slot to take their
20 temperature.

21 Q The food slot?

22 A Yes.

23 Q Is that typically how temperatures are
24 taken through the food slot?

25 A When I perform them I have them open

1 S. Vasquez

2 the door.

3 Q Why is that?

4 A It is my preference.

5 Q Why do you prefer that?

6 A Because it's just my preference.

7 Q For no reason?

8 A No.

9 Q Where in the door is the food slot?

10 A About halfway up.

11 Q So where on your body would it reach?

12 A I don't know that that is quantifiable
13 because you don't know how tall I am.

14 Q That was my next question.

15 A Okay. Probably about my bellybutton
16 and I am 5'11".

17 Q Ah, okay.

18 If you were to conduct a temperature
19 check through the door the inmate would sort of
20 crouch down to get his forehead to the height of
21 the slot?

22 A I don't know. I don't perform
23 temperature checks that way.

24 Q Sounds a little awkward.

25 A Correct.

1 S. Vasquez

2 Q And then but you have seen other
3 people do that or you're aware that other people
4 do that?

5 A Yes.

6 Q Do they also conduct the wellness
7 check through that food slot?

8 A Yes.

9 Q When did the practice of screening
10 isolation two times a day begin?

11 A Around the middle of March.

12 Q What record is made of this screening?

13 A We note temperatures in the bureau
14 electronic medical records.

15 Q Is any other record made?

16 A No.

17 Q Is there a form used?

18 A No.

19 Q Who determined whether to remove
20 someone from medical isolation?

21 A It is based off of the CDC guidance.

22 Q So what criteria are used?

23 A Seven days after onset of symptoms, 72
24 hours after not having -- 72 hours free of fever
25 without an antipyretic such as Tylenol or

1 S. Vasquez

2 ibuprofen on board and getting better of
3 symptoms. So not a complete resolve but the
4 symptoms are getting better.

5 Q Has anyone been given a COVID test in
6 advance of release from isolation?

7 A No, that is not our guidance
8 currently.

9 Q So a negative COVID test would not
10 permit you to release someone from isolation?

11 A Can you clarify that.

12 Q Well you said it's not your guidance.
13 My understanding is the CDC allows for
14 that to be part of the determination if a
15 facility is performing those followup COVID
16 tests.

17 A Are you referring to a second COVID
18 test after a positive?

19 Q Yes.

20 A Okay, right now we are -- we have a
21 limited number of tests. So to ensure that we
22 have enough tests to continue testing in areas we
23 need to test we use the CDC guidance of symptom
24 based release.

25 Q After a prisoner tests positive for

1 S. Vasquez

2 COVID at MDC what steps do staff take to try to
3 avoid further infection?

4 A Same steps that we were taking when we
5 isolated the inmate. We are ensuring that we are
6 wearing masks when come in contact with the
7 inmate and opening the door, PPE, appropriate
8 PPE, gowns, gloves, and ensuring the staff know
9 which units have the inmates who have positive
10 COVID in them.

11 Q Do you know what contact tracing is?

12 A I have a vague idea what you're
13 talking about.

14 Q What is your understanding of contact
15 tracing?

16 A I believe you're talking about more
17 like contact investigation.

18 Q Sure.

19 A Basically what you are going to do is
20 you are going to go two days prior to when the
21 person showed symptoms or reported that they
22 showed symptoms and try to notify anybody who had
23 close contact with that individual, close
24 prolonged contact with that individual.

25 Q What does into mean close --

1 S. Vasquez

2 A Close prolonged contact means that you
3 came in close contact without PPE available for I
4 think the guidance was 40 minutes or more.

5 Q If someone is let out of their cell on
6 quarantine or general population unit for the
7 hour that they're now allowed out would those
8 inmates be considered to have close contact with
9 one another?

10 A No.

11 Q Why is that?

12 A Social distancing has been encouraged.
13 They're also suppose to be wearing masks.

14 Q So you presume social distancing?

15 A Presume?

16 Q Yes.

17 A They have been instructed to social
18 distance.

19 Q You presume that they're all complying
20 with that?

21 A Yes.

22 Q For example, if two people sit next to
23 one another at computers that is considered
24 social distancing?

25 A If an inmate in a unit came up

1 S. Vasquez

2 positive the whole unit would be quarantined.

3 Q Okay. But those people would not be
4 isolated?

5 A No, not unless they showed symptoms.
6 Just the same as a person cellmate would not be
7 isolated unless he showed symptoms.

8 Q No asymptomatic people are going to be
9 isolated.

10 And so everyone is considered a close
11 contact then if they're on the unit or no?

12 A We practice out of an abundance of
13 caution.

14 Q So we would consider them close
15 contact?

16 A No, but we are going to quarantine the
17 whole unit to make sure that no one touched
18 something that may have given it to them.

19 Q What steps are taken to determine who
20 the close contacts are?

21 A Right now close contact is typically
22 the inmate's cellmate.

23 Q Would it be anybody else?

24 A No.

25 Q Why not?

1 S. Vasquez

2 A They're locked in their cells.

3 Q But for an hour a day they're not?

4 A And they're not suppose -- they are
5 suppose to be social distancing and wearing masks
6 when they're out of their cells.

7 Q Because there is a rule that requires
8 social distancing and wearing a mask there is a
9 presumption that none of those people are in
10 close contact?

11 A No, the whole unit is going to be
12 quarantine.

13 Q I am trying to understand who would be
14 considered a close contact for any purpose
15 though?

16 A What is the purpose of determining the
17 close contact.

18 Q I get to ask the questions.

19 A Okay.

20 MR. CHO: Again, objection to the
21 form. Asked and answered multiple
22 times. She already answered that
23 question.

24 MS. GINSBERG: I don't think I got an
25 answer so I wanted to continue.

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S. Vasquez

MR. CHO: You did though.

MS. GINSBERG: There is a question pending.

MR. CHO: I don't think I remember the question.

(Whereby, the requested portion was read back by the reporter.)

MR. CHO: Asked and answered. You can answer it again.

A Inmate's cellmate.

Q Anybody else?

A No.

Q Is it possible that any staff member would be considered a close contact?

A No.

Q When a prisoner tests positive are there staff who are responsible for interviewing people to find out more about those contacts?

A Yes.

Q Who are those staff members?

A Infectious disease nurses.

Q How many infectious disease nurses are on staff on MDC?

A Two.

1 S. Vasquez

2 Q They're responsible for interviewing
3 people after a positive test?

4 A They're responsible for performing
5 contact investigation.

6 Q Is there any written guidance as to
7 what a contact investigation would constitute?

8 A I am not sure.

9 Q Are any records kept of the contact
10 investigation?

11 A For inmates?

12 Q Yes.

13 A No.

14 Q What steps do those infectious disease
15 nurses take to conduct their investigation?

16 A I wouldn't be able to tell you that. I
17 don't conduct them.

18 Q Do you know who would be able to tell
19 me that?

20 A The infectious disease nurses.

21 Q Who are they?

22 A Davika Jordan and Troy Bradwich.

23 Q Could we call her Nurse Jordan?

24 A That is fine.

25 Q Are both of those individuals work

1 S. Vasquez

2 full-time at the MDC?

3 A Yes.

4 Q Do you know what their general
5 schedules are?

6 A Yes.

7 Q When does Troy Bradwich work?

8 A Sunday through Wednesday 12:00 to
9 10:00 p.m.

10 Q And Nurse Jordan?

11 A Monday through Friday, 7:30 to 4:00.

12 Q I think you said earlier that six
13 inmates have tested positive for COVID to date;
14 is that correct?

15 A Six, yes.

16 Q Do you know how many knew inmate have
17 been brought into the facility since March 1?

18 A I would not be able to tell you that.

19 Q Of the six who tested positive did any
20 of them stay in the unit where they were when
21 they tested positive -- sorry, when they were
22 tested?

23 A When they showed symptoms they were
24 removed from the unit and isolated.

25 Q They were isolated in the unit that is

1 S. Vasquez

2 currently being used for isolation?

3 A Yes.

4 Q Do you know why the other seven
5 prisoner who tested negative were given tests?

6 A They showed symptoms.

7 Q All seven?

8 A Yes.

9 Q So no asymptomatic people have been
10 given tests?

11 A No.

12 Q Did all seven have known COVID
13 contact?

14 A No.

15 Q Are there people who had symptoms but
16 who were not tested?

17 A Not that I am aware of. I am sorry.
18 Yes, the presumed positive five.

19 Q Other than the presumed positive five
20 no people with symptoms no other people with
21 symptoms were tested, sorry --

22 Strike.

23 Has anyone -- so the two people who
24 are currently in isolation were in the same
25 housing unit; correct?

1 S. Vasquez

2 A Yes.

3 Q Has anybody else from that housing
4 unit been tested?

5 A No.

6 Q That housing unit is not on
7 quarantine?

8 A It is on quarantine.

9 Q Where those two individuals came from?

10 A Yes.

11 Q The housing unit that is in intake
12 right now that is quarantined is where those two
13 people came from?

14 A Yes.

15 Q Do you know if that is housing Unit
16 72?

17 MR. CHO: I would like to not have
18 the number on the record.

19 MS. GINSBERG: It is just getting a
20 lit bit confusing. James, what is the
21 security risk?

22 MR. CHO: We can talk about that off
23 line. I think she testified there is
24 an intake unit up on four and one
25 other quarantine unit. So perhaps you

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S. Vasquez

can ask her if the unit that you are referring to is the other quarantine unit. You and I can talk about numbers.

MS. GINSBERG: The unit that was the quarantine unit that was toured the number of that unit is in the public docket in this case. I am just not sure. It's in letters to the court. I am not sure why we are keeping it confidential here.

MR. CHO: Not that I am aware of but why dont you ask her the question of if the unit you are referring to the same quarantine unit she testified to earlier?

MS. GINSBERG: It is not so much about knowing. I think we know. It is really just about making the record a little bit confusing and so there is no real reason to leave it confidential then I certainly rather avoid that and rather have a cleaner record using the number than calling

1 S. Vasquez

2 it the other quarantined unit that is
3 not the intake unit. Just make for a
4 more confusing record. We can
5 certainly come back to it. I just
6 don't understand why we are doing that
7 given that it's in the record, the
8 court has mentioned it.

9 Q Does the MDC have a system for
10 tracking and reporting COVID information?

11 A Yes.

12 Q What is that system?

13 A The system put forth by Central Office
14 and is being keyed as codes into the our Century
15 system.

16 Q Say that again.

17 A It is being keyed in as codes in our
18 Century system.

19 Q What does that mean it's being keyed
20 in as codes in the Century system?

21 A It is a tracking mechanism the bureau
22 uses for different things.

23 Q So what exactly is being keyed in?

24 A The code if they're quarantined, the
25 code if they're isolated, the code if they have

1 S. Vasquez

2 been tested positive.

3 Q Anything other than isolation
4 quarantine and positive tests?

5 A I think there is another one but I
6 can't remember.

7 Q So this system is not tracking
8 complaints of symptoms?

9 A No, the bureau electronic medical
10 record would track that.

11 Q You had mentioned earlier in your
12 testimony that you put together Daily Reports on
13 COVID; is that correct?

14 A Yes.

15 Q Can you tell me what those reports
16 consist of?

17 A Every name of an inmate on a
18 quarantine unit, names of inmates that are
19 isolated, when they were isolated, when they were
20 tested, when they came off isolation, if they
21 come off quarantine.

22 Q Anything else that goes into those
23 reports?

24 A What unit they were in.

25 Q Does anything about reporting a COVID

1 S. Vasquez

2 symptom go into that report?

3 A No.

4 Q Who does that report -- who authors
5 that report?

6 A I do.

7 Q Who is it sent to?

8 A It was originally being sent to the
9 Central Office health office administration but
10 they -- they're tracking it by century codes now
11 so now it's only sent to my warden, my associate
12 warden and my executive assistant and my legal
13 counsel.

14 Q Is it only Daily Reports or are there
15 other reports that get done like weekly reports
16 and monthly reports?

17 A I do Daily Reports.

18 Q Daily Reports?

19 A Yes.

20 Q Do staff sometimes move between
21 quarantine and non quarantine sections of the
22 MDC?

23 A Yes.

24 Q Custody staff?

25 A I don't track custody's movement but I

1 S. Vasquez

2 have seen them move, yes.

3 Q What about medical staff?

4 A Yes.

5 Q Do custody staff also move between
6 isolation units and other sections of the MDC?

7 A Yes.

8 Q Medical staff too?

9 A Yes.

10 Q Is there anyone who monitors staff
11 conduct to ensure that when they are transferring
12 between units with known or suspected cases in
13 other units that they're in compliance with
14 appropriate infectious disease protocol?

15 A No one monitors that, no.

16 Q Are staff members allowed to use
17 alcohol based hand sanitizer?

18 A Yes.

19 Q As of when?

20 A I couldn't give you a date.

21 Q Has it been for more than a week?

22 A Yes.

23 Q How does staff know they're allowed to
24 do this?

25 A That is not my job.

1 S. Vasquez

2 Q Are you aware that staff are notified?

3 A I do not know. That is Safety
4 Department.

5 Q I will ask you to look at an Exhibit
6 which is marked now as Exhibit 13. I think you
7 have it there handy. Just let me know when you
8 get there.

9 A Okay.

10 Q What I am looking at is a letter that
11 was written to the Director of the Federal Bureau
12 of Prisons by Congresswoman Nydia Velazquez, is
13 that what you're looking at too?

14 A Yes.

15 Q I just want to make sure since we are
16 not in the same place.

17 I would like you to turn to the second
18 page and there is a paragraph marked paragraph
19 two. It says, "I have been informed that four
20 housing units at MDC Brooklyn have been placed
21 under quarantine. Yet, guards and staff are
22 being rotated regularly between quarantine and
23 non-quarantined sections of the facility. There
24 have been requests for further protection such as
25 N-95 masks by guards, and particularly for

1 S. Vasquez

2 quarantined areas, bodysuits. Without protective
3 measures, I am concerned that this could
4 potentially elevate the risk of the spread of
5 COVID-19."

6 Do you see where it says that?

7 A Yes.

8 Q And then it says "have you taken any
9 steps to consider altering staff assignments so
10 that staff assigned to quarantined units have
11 minimal contact with those detained in other
12 parts of the MDC."

13 According to this letter Congresswoman
14 Velazquez "received reports staff is moving
15 between the units" which have given what you have
16 told me sounds like her information is correct;
17 is it?

18 A I don't do custody roster.

19 Q Staff are moving between quarantine
20 and non quarantine sections of the facility?

21 MR. CHO: Objection to the form. You
22 can answer.

23 A I couldn't tell you. The medical
24 staff go in and out of those units, yes. To be
25 sure rounds are made.

1 S. Vasquez

2 Q You told me you have seen custody
3 staff do the same?

4 MR. CHO: Objection to the form. I
5 think you said something but we missed
6 what you said. Can you repeat what
7 you said?

8 Q What I said was you previously just
9 told me that you have seen custody staff as well
10 move between quarantine and non quarantine staff,
11 units?

12 A Yes, they're making rounds. Like
13 lieutenants have to go into the units and make
14 rounds every day.

15 Q Lieutenants cover multiple units?

16 A Lieutenants cover the entire
17 institution.

18 Q How many lieutenants are on duty at a
19 particular time?

20 A It is not in my wheelhouse.

21 Q Are you aware if women have been
22 admitted to the MDC since the first positive
23 COVID test at the institution?

24 A I am aware of three women that have
25 been admitted since quarantine since isolation

1 S. Vasquez

2 went into effect.

3 Q When most recently did a woman come
4 into the MDC custody?

5 A Friday I believe.

6 Q Where are women housed upon admission?

7 A Women are housed in the east side
8 female SHU range for quarantine.

9 Q East side female SHU?

10 A Range.

11 Q So the woman who came in Friday for
12 example is housed in that area?

13 A Yes.

14 Q If a woman needs to be housed in
15 medical isolation where would she go?

16 A Same place.

17 Q In the same place that all new admits
18 go?

19 A Right, but single cell. Not all new
20 admits. All now female admits.

21 Q Those are single cell are they barred
22 cells or walls and doors?

23 A Walls and doors.

24 Q Once someone has completed their
25 quarantine assuming they're not symptomatic where

1 S. Vasquez

2 does that person go?

3 A They would be moved to the general
4 housing unit. A female would be moved to the
5 female general housing unit.

6 Q That is a dorm setting?

7 A Yes.

8 Q Are there any women currently in that
9 dorm setting who have complained of COVID
10 symptoms?

11 A Of COVID symptom, no.

12 Q You're certain that nobody has
13 complained to any medical staff from the women's
14 dorm of COVID symptoms?

15 A Anybody complaining has been assessed.

16 Q That is not my question though.

17 I am asking whether there are women
18 there who have complained of symptoms?

19 A Yes.

20 Q Are there any women who are in
21 quarantine aside from the women who arrived on
22 Friday?

23 A No.

24 Q Any women in medical isolation?

25 A No.

1 S. Vasquez

2 Q Are the women able to social distance
3 in the dorm?

4 A They have been instructed to social
5 distance.

6 Q Are they able to social distance?

7 A Yes.

8 Q They can stay six feet apart from one
9 another?

10 A As far as I am aware, yes, and they
11 all have masks as well.

12 Q Are their beds more than six feet
13 apart from one another?

14 A I don't know, I have never measured.

15 Q But you have been there?

16 A Yes.

17 Q So I want to talk about the screening
18 of new inmates.

19 Can you tell me how MDC screens new
20 intake, anyone who arrived at the MDC from
21 anywhere outside of the MDC?

22 A The inmates screening tool review.

23 Q Is that a piece of paper?

24 A Yep, it's in your exhibit somewhere.

25 Q Did you review that screening tool in

1 S. Vasquez

2 advance of this deposition?

3 A Yes.

4 Q Where are they screened?

5 A Before they walk in the door in R&D.

6 Q When you say before they walk in the
7 door in R&D I just want to try and get a visual
8 because I have never been in R&D, can you
9 describe that for me?

10 A There is a bay where the cars or buses
11 come in depending on how they're brought in and
12 we screen them out in that bay.

13 Q In that bay there is a medical
14 professional who completes the screening form?

15 A Yes.

16 Q Once that is completed what happens?

17 A If the inmate is asymptomatic they're
18 brought in, receiving in discharge does what they
19 need to do for him and they're taken up if
20 they're a male they're taken up to intake unit to
21 be quarantined for 14 days.

22 MS. GINSBERG: I want to take sort of
23 a five to ten minute break. We will be
24 back in five to ten.

25 VIDEOGRAPHER: Off the record at 2:42

1 S. Vasquez

2 p.m.

3 VIDEOGRAPHER: Back on the record at
4 2:57 p.m.

5 Q So I think where we left off we were
6 talking about screening and I wanted to draw your
7 attention to the screening form that is part of
8 Exhibit 19. And unfortunately the document is not
9 paginated but it is the screening form that is
10 toward the end of that exhibit. So it's like one
11 of the last like five pages of that exhibit.

12 MR. CHO: There are numbers at the top
13 that say the page number.

14 A 43 of 47.

15 Q You got that?

16 A Yes.

17 Q Fantastic.

18 So is this the inmate screening tool
19 that is currently in use at the MDC?

20 A Yes.

21 Q For everybody who comes in to the MDC
22 is this filled out?

23 A For every inmate that comes in to the
24 MDC.

25 Q Thanks for clarifying that.

1 S. Vasquez

2 Even if they have been out to the
3 hospital for two days this gets filled out?

4 A Even if they have been out to the
5 hospital for 30 minutes it gets filled out.

6 Q Got it, okay.

7 So this first question or the first
8 box where it says to assess the risk of exposure
9 who completes that and how is that completed?

10 A The medical staff screen them
11 completes them. They ask the question "have you
12 traveled from or through any of the locations
13 identified by the CDC as increasing epidemiologic
14 risk within the last 14 days".

15 Q That question is asked verbatim to the
16 person coming in?

17 A Yes.

18 Q Is there anyone coming in to the MDC
19 for whom the answer to that is no?

20 A As of right now, no, because New York
21 is considered one of those areas.

22 Q The second box asks for someone to
23 assess symptoms. How is that part of the form
24 used?

25 A We are going to take their temperature

1 S. Vasquez

2 and we are going to ask them if they have any
3 cough or shortness of breath.

4 Q If they answer no to those two
5 questions and have no fever what happens?

6 A We use the asymptomatic and we
7 quarantine them in the intake unit.

8 Q If someone has no fever but they say
9 yes they have cough, no I have no shortness of
10 breath what would happen?

11 A They get assessed further by the
12 medical personnel.

13 Q It would not follow the procedures for
14 symptomatic patient necessarily?

15 A More than likely yes but if they have
16 something underlying, some type of medical
17 condition, where they always have a cough then
18 like I said it would be further assessed by the
19 medical personnel.

20 Q But otherwise if the person has any
21 symptoms than what would happen?

22 A They would be isolated.

23 Q And yet if somebody who is inside has
24 any symptoms they would not necessarily be
25 isolated?

1 S. Vasquez

2 A If they had symptoms that we thought
3 were consistent with COVID-19 then they would be
4 isolated, yes.

5 Q Every single person gets isolated with
6 symptoms?

7 MR. CHO: Objection to the form. It
8 characterizes prior testimony. Was
9 that a question or comment?

10 MS. GINSBERG: I don't need to go back
11 to it. I know we have the prior
12 testimony.

13 Q What happens to this form after it
14 gets completed?

15 A It would scan into the bureau of
16 electronic medical records.

17 Q And so this then becomes a part of the
18 inmate medical record with DOP?

19 A Yes.

20 Q Does anything else -- is this form
21 used for anything else?

22 A When inmates are leaving for screening
23 them would be forms as well.

24 Q In terms of when they're screening on
25 their way in the form goes into their medical

1 S. Vasquez

2 record is the information on the form inputted
3 into any other system?

4 A No.

5 Q What happens to the hard copy?

6 A We keep it for 30 days based off of
7 our guidance and then we shred it after that.

8 Q When was this screening tool first put
9 into place?

10 A I wouldn't be able to give you an
11 exact date on that.

12 Q Could you give me an approximate date?

13 A Middle of March.

14 Q Was it before or after the first
15 person at MDC was tested positive?

16 A I am not sure.

17 Q Is MDC still receiving transfers from
18 other DOP facilities?

19 A I don't handle the transfers.

20 Q Are you aware of whether MDC is
21 receiving people from other DOP facilities?

22 A I am aware MDC is receiving new
23 inmates. I don't know necessarily where they're
24 coming from.

25 Q I want to clarify in the intake unit

1 S. Vasquez

2 you mentioned that people who are coming in to
3 the institution from outside are being housed in
4 isolation in the intake unit?

5 A In quarantine.

6 Q If they arrived on the same day, is
7 that the way that it works?

8 MR. CHO: Is that an and or an or? I
9 think she said or it can be isolation
10 and quarantined. I was not sure about
11 the question. Can you repeat
12 question. I think she said isolation
13 and quarantine. I don't know whether
14 that was a miscommunication or whether
15 I misheard you. Repeat the question.

16 Q Are the people who are housed in
17 quarantine housed -- who are housed in intake and
18 quarantine as opposed to isolation housed there
19 in quarantine because they arrived on the same
20 day as one another?

21 A Only if they were already exposed to
22 each other.

23 Q And then other than the people coming
24 in from the outside the people who are being
25 housed in the quarantine unit are people who are

1 S. Vasquez

2 leaving?

3 A People returning from medical trip.

4 Q Are the people who are being housed
5 there who are leaving the facility housed in
6 isolation?

7 A No, it's a quarantine unit.

8 Q Are they single cell or double cell?

9 A They're double cell with people who
10 are leaving on similar dates to themselves.

11 Q What kind of movement is there in that
12 unit?

13 A Can you clarify what you're asking
14 what kind of movement.

15 Q Are the inmates allowed out of their
16 cells?

17 A They're locked in.

18 Q For how many hours a day?

19 A They're on the same schedule as the
20 rest of the institution.

21 Q They're let out in groups for an hour
22 a day?

23 A I think it is three days a week and
24 that unit specifically is only there are signs on
25 their doors on when they were quarantined so they

1 S. Vasquez

2 can only let out inmates who are on similar
3 quarantine dates together. So if you were not
4 quarantined on 4/15 you can't go out with a guy
5 who is quarantined on 4/15.

6 Q They're being let out at the same time
7 as people are on the same quarantine schedule but
8 into the same common area as many people who are
9 on a different quarantine schedule?

10 A But not at the same time.

11 Q That common area in intake are where
12 there are phones and computers?

13 A And everything is being cleaned down.

14 Q To your knowledge how many symptomatic
15 inmates have come into the MDC since March 1?

16 A Come in to the MDC?

17 Q Yes.

18 A One.

19 Q Only one person with COVID symptoms
20 have entered the facility as an inmate?

21 A One person who has reported COVID
22 symptoms upon entering the facility since March
23 1, yes.

24 Q I want to direct your attention to
25 Exhibit 25.

1 S. Vasquez

2 A Okay.

3 Q You got it?

4 A Yes.

5 Q Can you tell me what this is?

6 A It is a Federal Bureau Prison COVID-19
7 Action Plan.

8 Q Have you seen this before?

9 A I have not seen it in this format
10 before it was made an Exhibit, no.

11 Q Have you seen the content of this
12 exhibit in a different format?

13 A Something similar to this, yes.

14 Q On the second page there is a section
15 marked Screening of Inmate; do you see that?

16 A Yes.

17 Q It says that it lists three different
18 practices with relation to screening that the DOP
19 is going to follow and I want to direct your
20 attention to the third one. It says "symptomatic
21 inmates with exposure risk factors are isolated
22 and tested for COVID-19 per local health
23 authority protocol".

24 And so I want to understand this a
25 little bit better. Is this the current policy in

1 S. Vasquez

2 place at the MDC?

3 A Yes.

4 Q Someone who comes in is both
5 symptomatic and with exposure risk factors is
6 tested?

7 A Yes.

8 Q When it says "per local health
9 authority protocol" what does that mean? What
10 does that reference?

11 A The local health authority here in New
12 York. Here the CDC guidance from as far as we
13 can tell we have reached out multiple times to
14 local health authorities but as I am sure you
15 guys are aware they're overwhelmed as well right
16 now. We are following the BOP guidance which is
17 based off a CDC guidance right now.

18 Q So the MDC has not been able to
19 ascertain what the local health authority
20 protocols are meant to be here?

21 A We have been on the website and I
22 don't know that there is a specific protocol
23 outside what the CDC is putting out, no, not here
24 in New York.

25 Q I want to talk a little bit about

1 S. Vasquez

2 testing now.

3 How many COVID-19 tests does MDC have?

4 A Currently?

5 Q Yes.

6 A Ten.

7 Q Thirteen have already been

8 administered?

9 A Yes.

10 Q For a total --

11 A Two of them were -- three of them were
12 not at the MDC.

13 Q Those three people were tested where?

14 A The local hospital.

15 Q Which hospital?

16 A I think more than one.

17 Q Do you know which hospitals?

18 A One of them was NYU Langone and then
19 the other one I believe was Kingsbrook Jewish
20 Medical Center.

21 Q How about the third?

22 A Only two hospitals were used.

23 Q Ten of the people who have already
24 been tested were tested using MDC test?

25 A Yes.

1 S. Vasquez

2 Q When did MDC first receive COVID test?

3 A End of March-ish. I wouldn't be able
4 to give you an exact date.

5 Q How many did MDC receive on that date
6 at the end of March?

7 A Originally ten.

8 Q Is that the ten that were have been
9 used to date?

10 A I don't know if those were the exact
11 date but we received a second shipment I think a
12 week and a half to two weeks later.

13 Q The second shipment was also ten
14 tests?

15 A Yes.

16 Q Are they all the same kinds of tests?

17 A Yes, they're all from the same lab.

18 Q Which lab?

19 A We have used LabCorp.

20 Q Are they rapid tests or tests that
21 take longer to get results from?

22 A The test that take longer.

23 Q How long do they take?

24 A Currently one to two days.

25 Q Do any of the tests that have been

1 S. Vasquez

2 administered to date include a second test done
3 on someone who has already tested positive?

4 A No.

5 Q Has MDC requested more tests?

6 A Yes.

7 Q From whom?

8 A From our lab where we got the results
9 at.

10 Q When did MDC request more test?

11 A We weekly request more tests.

12 Q Every week MDC request more tests?

13 A Yes.

14 Q But only one time got more tests?

15 A Yes.

16 Q Has MDC requested tests from anyone
17 other than the lab?

18 A No, because in order for that lab to
19 run our test we need their test.

20 Q Why does MDC keep asking for more
21 tests?

22 A Because we would, so that we have them
23 on hand in case we need to test more people.

24 Q But it is your contention MDC has
25 already been able to test all of the people who

1 S. Vasquez

2 needed tests?

3 A We got five that we presumed positive
4 based off of previous positive test from the same
5 unit.

6 Q Can you describe for me MDC's policy
7 on when a COVID test should be administered?

8 A If the provider evaluating feels that
9 the inmate meet the symptoms based, sorry, the
10 evaluate provider would determine whether or not
11 they met the qualifications to be tested and then
12 we would also take in account if there was
13 positive tests from the unit they came out of or
14 if they were the first person out of that unit
15 showing symptoms.

16 Q If they met the qualifications was the
17 first thing you said and then I said you think
18 went on to tell me what some of those
19 qualifications are; correct?

20 A Right.

21 Q So one of them was that they were on
22 the unit with someone who had a positive test?

23 A If they have come off the unit with
24 someone who had a positive test, yes.

25 Q When you say if they had come off,

1 S. Vasquez

2 meaning they had been on the same unit?

3 A Right.

4 Q So someone who is on the unit if
5 someone who had a positive test would that in and
6 of itself qualify that person for a the test?

7 A No, that person would probably be
8 presumed positive, isolated and treated as if
9 they had it.

10 Q But I thought that the people who were
11 on the unit are people who tested positive were
12 going into quarantine?

13 A They're all in quarantine. So if we
14 are making rounds during quarantine and during
15 those wellness checks where we are checking on
16 people because we care and they have the
17 opportunity to tell us hey, I am not feeling well
18 and hey, I have a cough, hey I am getting short
19 of breath, when we are making those rounds and
20 they tell us those things and we determine that
21 hey we think that they have this we are going to
22 take them out of that quarantine unit and put
23 them in an isolation unit. We will presume that
24 they're positive.

25 Q That person doesn't get a test?

1 S. Vasquez

2 A No, because our clinical management of
3 this does not change if they're also positive or
4 a negative test. We will still treat the symptoms
5 the same whether or not we have a positive or
6 negative test.

7 Q So then I want to find out who is
8 going to get a test.

9 What are the criteria that determine
10 whether someone gets a test?

11 MR. CHO: Objection. Asked and
12 answered. You can answer it again.

13 A The providers are going to assess the
14 inmates and if they're coming off a unit that has
15 had no cases of this and we determine they need a
16 test we will test them.

17 Q So someone who has been on a unit
18 without a positive they get assessed and what are
19 the assessment criteria?

20 MR. CHO: Objection. Asked and
21 answered. You can answer it again. We
22 have already been through this. Go
23 ahead.

24 A Cough, shortness of breath, fever.

25 Q Anything other than those three

1 S. Vasquez

2 factors plus having been on a unit without a
3 positive test?

4 A Those are the most quantifiable
5 symptoms for it.

6 Q Is there anything in writing that
7 plays out the MDC's criteria for performing a
8 COVID test?

9 A That is a clinical decision made at
10 the institutional level.

11 Q Is that a no?

12 A No.

13 Q I want to draw your attention to one
14 more Exhibit. It is Exhibit 11.

15 Strike that. I am not going to go
16 through this. Sorry to get it out and make you
17 put it away.

18 Do you know who Lieutenant Commander
19 Jordan is?

20 A Yes, she works for me.

21 Q Can you tell me what her position is?

22 A She is the IOP IDC -- she is an
23 infectious disease person.

24 Q This is the person who we spoke of
25 earlier who we referred to as Nurse Jordan;

1 S. Vasquez

2 correct?

3 A Yes.

4 Q What is her role with respect to MDC
5 COVID response?

6 A She and I work closely to ensure that
7 we are quarantined, key and code, ensuring that
8 we are following CDC, similar updated CDC and DOP
9 guidance on who we are testing, why we are
10 testing, who we are isolating, who are
11 quarantined and when we are releasing.

12 Q Does she also have clinical
13 responsibility?

14 A In what manner?

15 Q Does she conduct screening of housing
16 unit on a daily basis?

17 A When needed, yes.

18 Q Is it your opinion that MDC throughout
19 the course of this pandemic has always had enough
20 tests to follow it's guidance on testing?

21 MR. CHO: Objection to the form. You
22 can answer.

23 A It is my opinion that MDC is testing
24 and isolating as indicated to ensure there is no
25 further outbreak.

1 S. Vasquez

2 Q So do you think MDC has throughout the
3 course of this pandemic had enough tests?

4 MR. CHO: Objection to the form. You
5 can answer.

6 A No.

7 Q Tell me why?

8 A National shortage.

9 Q I should clarify question. I wasn't
10 asking the cause of not having enough test.

11 I want to know why you think the
12 original ten or the subsequent ten is not enough
13 for MDC needs?

14 A Because we could go through ten tests
15 next week if we had to and then we would be out
16 we wouldn't be able to test anybody else.

17 Q So my question is whether at any point
18 so far in the pandemic MDC has had operated
19 without an adequate number of tests?

20 A No.

21 Q When an inmate on a particular housing
22 unit tests positive are other inmates on that
23 unit notified?

24 A No personal medical information.

25 Q Are any staff members notified?

1 S. Vasquez

2 A Staff members are notified that an
3 inmate tested positive, yes.

4 Q Are they notified which inmate tested
5 positive?

6 A No, it's not a need to know.

7 Q Are any staff members notified that an
8 inmate tested positive?

9 MR. CHO: Is that the same question
10 you asked a second ago?

11 MS. GINSBERG: I don't think so.

12 MR. CHO: I must have misheard it.
13 Read it back or ask it again.

14 Q Are any staff notified when an inmate
15 test positive?

16 MR. CHO: I think you just asked that
17 question again. Sounds like the same
18 question.

19 MS. GINSBERG: James, you can object.

20 MR. CHO: Bad connection. Go ahead
21 and answer the question.

22 A All staff are notified that an inmate
23 tested positive. Not all staff are notified which
24 inmate tested positive.

25 Q I am asking are some staff notified

1 S. Vasquez

2 when an inmate tested positive a particular
3 inmate?

4 A Yes.

5 Q Which staff?

6 A Executive staff, medical staff.

7 Q Any custody staff?

8 A Custody does not have a need for that.

9 The inmates are in isolation and they're treated
10 as isolated inmates. They should be treated as
11 if they are positive as long as they are up
12 there.

13 Q No custody staff of MDC is notified of
14 that inmate's positive test?

15 A No.

16 MR. CHO: Maybe it is my hard of
17 hearing but can you repeat the last
18 question court reporter. I didn't
19 hear it.

20 MS. GINSBERG: Why do we need to? She
21 answered the question.

22 MR. CHO: No, I know but I didn't hear
23 it.

24 MS. GINSBERG: I don't know why we are
25 having her read a question back that

1 S. Vasquez
2 has already been answered.
3 (Whereby, the requested portion was
4 read back by the reporter.)

5 Q When was the last time MDC tested
6 someone for COVID?

7 A Last week.

8 Q Do you remember when that was last
9 week?

10 A Late last week.

11 Q Do you remember which day?

12 A No.

13 Q I believe that MDC reported to the
14 court and on April 23 that there had still been
15 12 people who had been tested. So it's certainly
16 I guess was it before April 23?

17 A No, it was late last week on Thursday
18 or Friday last week, late last week.

19 Q Prior to Thursday or Friday last week
20 when was the last time before that that an inmate
21 had been tested?

22 A I think the week prior.

23 Q Is that the test you mentioned on
24 April 15?

25 A Approximately April 15, yes.

1 S. Vasquez

2 Q During that period of a little over a
3 week only one person was tested; correct?

4 A Correct, from different units.

5 Q Prior to that do you recall when the
6 last test had been?

7 A No.

8 Q During this period between April 16
9 and now when only one inmate has been tested do
10 you know how many staff has tested positive?

11 A I wouldn't be able to give you a
12 number.

13 Q Can you tell me approximately how
14 many?

15 A No.

16 Q Would it surprise you to know that ten
17 staff tested positive during that same week?

18 A No, because it is rampant in our
19 community.

20 Q Do you how many staff has tested
21 positive from the MDC?

22 A I think the number is up to about 27.

23 Q How many inmates total?

24 A Six.

25 Q Do you think that COVID is more

1 S. Vasquez

2 prevalent among the staff population than the
3 inmate population?

4 MR. CHO: Objection to the form. You
5 can answer.

6 A Yes, because the staff are out in the
7 community work more rampant and has less control.

8 Q How many people are on staff at the
9 MDC?

10 A Approximately 450.

11 Q Full-time workers?

12 A Yes.

13 Q How many inmates?

14 A Varied. Usually just under 2,000.

15 Q Are you aware that in other BOP
16 facilities where more than twenty staff members
17 have tested positive there are also at least that
18 many inmates that tested positive?

19 MR. CHO: I think that this is beyond
20 the scope of the notice. I will object
21 to that question.

22 Q Do you need the question read back?

23 MR. CHO: Objection to the same
24 question.

25 MS. GINSBERG: I understand. I am

1 S. Vasquez

2 asking the witness if she needs the
3 question read back.

4 A I don't need the question read back.

5 MR. CHO: Are you going to endeavor
6 to modify the question in anyway or
7 focus on the MDC or focus on other
8 than the MDC?

9 MS. GINSBERG: I am not going to
10 modify the question.

11 MR. CHO: You can answer the question
12 as best you can.

13 A I am aware of what goes on in my
14 prison. I don't track what is going on in other
15 prisons.

16 Q You have not heard about what is going
17 on in other prisons?

18 MR. CHO: Objection to the form. You
19 can answer it.

20 A Anything I heard is rumor about what
21 is going on in other prisons so I am worried
22 about what is going on in our prison.

23 MS. GINSBERG: James, I would ask if
24 you can keep your objections to
25 speaking objections and not give an

1 S. Vasquez

2 explanation or talk to the witness.

3 MR. CHO: I will obviously request
4 that she confine her questioning to
5 the topic listed in the Notice of
6 Deposition.

7 Q How do prisoners at MDC request COVID
8 testing?

9 A MDC prisoners can request COVID
10 testing through sick call or during twice daily
11 rounds.

12 Q Has MDC ever provided a COVID test
13 based on an inmate's request?

14 A CDC guidance does not test
15 asymptomatic people as of right now.

16 Q According to the BOP the agency has
17 received ten Abbot ID Now Instrument as of April
18 10 and a day later 264 test kits were deployed to
19 institutions with known COVID cases.

20 Has MDC received any of those new
21 Abbott instruments?

22 A That Abbott machine that you're
23 talking about is something that gets attached to
24 another live machine and I don't have a lab in
25 house at MDC so no, we do not receive that.

1 S. Vasquez

2 Q Obviously then MDC would not receive
3 those Abbott test kits; correct?

4 A I don't know what the plan is for that
5 as of now.

6 Q Is there any plan for MDC to get the
7 equipment that would allow them to use those
8 Abbott test kits?

9 A Not unless they change something with
10 a LabCorp. We are not a full lab so we don't
11 have those type of as far as I know.

12 Q How does MDC screen staff for entering
13 the facility?

14 A I am sorry. I didn't hear you.

15 Q How does MDC screen staff for entering
16 the facility?

17 A With a staff screen tool before they
18 enter the facility every day.

19 Q What does that screening consist of?

20 A We are asking them, we are taking
21 their temperature and asking them if they have a
22 cough, shortness of breath or a fever and chills,
23 runny or stuffy nose.

24 Q Who conducts that screening?

25 A People trained -- people who have

1 S. Vasquez

2 taken thermometer courses.

3 Q Is it medical staff only?

4 A No.

5 Q Is it usually just the staff who are
6 working in the lobby or is there somebody
7 assigned to staff screening?

8 A There someone assigned to staff
9 screening.

10 Q Are you ever assigned to staff
11 screening?

12 A Yes.

13 Q Is this conducted on every employee
14 who enters the building?

15 A Yes.

16 Q Is it the same screening that is used
17 for contract workers?

18 A No.

19 Q They use the visitor screening?

20 A Yes, it is a visitor contract
21 volunteer screening.

22 Q I want you to take a look at what we
23 now marked as Exhibit 33 which is also it's the
24 staff screening tool.

25 MS. GINSBERG: James, this is the one

1 S. Vasquez

2 I sent over this morning. I don't
3 know if you have it with the rest of
4 your exhibits or somewhere else.

5 MR. CHO: Yes, we got it. Thank you,
6 Betsy.

7 A Okay.

8 Q Have you seen this document before?

9 A Yes.

10 Q Is this the staff screening tool that
11 is currently in use at the MDC?

12 A As far as I can tell, yes.

13 Q Has MDC ever used a different staff
14 screening tool during the pandemic?

15 A Yes, the Central Office has been
16 updating the different versions of this as
17 guidance has come down. This is not an MDC made
18 form. It is a Central Office made form.

19 Q There was a different form that was
20 being used before this one?

21 A As different guidance has come down
22 different forms are used, yes.

23 Q The previous one was a MDC form?

24 A No.

25 Q They're both Central Office forms?

1 S. Vasquez

2 A They have all been Central Office
3 forms.

4 Q How is the previous form different
5 from this form?

6 A I wouldn't be able to tell you that.

7 Q Do you know any of the differences?

8 A I couldn't tell you off the top of my
9 head, no.

10 Q The inmate screening form has not
11 changed at all; is that correct?

12 A Not that I am aware of.

13 Q Can you explain to me how this form is
14 used, who fills out what parts of this form and
15 anything else that a screener would use this form
16 for?

17 A Who ever is doing the screening fills
18 the entire form out, puts the date, take the
19 temperature, ensures that they mark what method
20 it was, and they're going to ask the questions
21 new onset of cough, new onset of trouble speaking
22 because of needed to take a breath, stuffy runny
23 nose and then if all the answers are no and there
24 is no fever then they're allowed to come into
25 work.

1 S. Vasquez

2 Q You told me that first the screener
3 fills out this form?

4 A Yes, we are trying to prevent the
5 spread of this so multiple people touching
6 multiple the same thing is not helping the spread
7 of this.

8 Q I just want to understand this better
9 because it says in number two employee complete
10 and I wasn't sure if that is.

11 A We are asking the question.

12 Q Got it.

13 A And we mark it down.

14 Q If somebody said to the screener "I
15 don't have any of those symptoms but I completely
16 lost my sense of taste" what would happen?

17 A That is not one of the things we are
18 asking about.

19 Q So what would happen if someone
20 offered that information, would it be recorded on
21 the form?

22 A No.

23 Q I presume that -- well, you can tell
24 me, who fills out number three?

25 A HR. It is sent to HR.

1 S. Vasquez

2 Q The screener is filling out the rest
3 of this form?

4 A Yes.

5 Q In what part of the MDC building is
6 this screening being conducted?

7 A The west building.

8 Q What part of the west building?

9 A Before the staff, normal staff
10 screening occurs.

11 Q You mean before like the magnetometer
12 and that part of the screening?

13 A Yes.

14 Q The staff member walks into the staff
15 entrance of the west building; correct?

16 A Yes.

17 Q And essentially immediately is
18 screened in that right as they walk in the door?

19 A Correct.

20 Q They're screened with a temporal
21 thermometer?

22 A Yes.

23 Q Is there any concern that staff coming
24 in from the cold outside may have artificially
25 lowered temperatures for the screening purposes?

1 S. Vasquez

2 A Yes, which is why we are -- we strive
3 to ensure we get a normal temperature reading
4 from the staff.

5 Q How do you do that?

6 A By either having them stand by while
7 they warm up or if they're willing to show us
8 their necks which is a bit warmer we will take it
9 there as well.

10 Q If somebody comes in and their
11 temperature reads 98.7 the assumption is that is
12 a normal temperature and that it is not lowered
13 because of the air temperature?

14 A Correct.

15 Q Are staff when they're screened
16 through this process asked about contact with
17 COVID positive people?

18 A No.

19 Q Are they asked about contact with
20 presumed positive people?

21 A No.

22 Q Are you aware that the CDC recommends
23 that staff who are identified as a close contact
24 of a COVID-19 case at the facility or in the
25 community should several quarantine at home for

1 S. Vasquez

2 14 days?

3 A Yes, I am also aware of the CDC
4 guidance that states essential personnel can go
5 to work as long as they are no showing any
6 symptoms.

7 Q How does the DOP ensure that staff who
8 are in close contact are able to self quarantine?

9 A The BOP does not ensure that.

10 Q Do they encourage that?

11 A They are considered, all the BOP staff
12 are considered essential personnel.

13 Q Does BOP encourage staff or close
14 contact of known positive cases to self
15 quarantine?

16 A No, BOP encourages if you are close
17 contact to monitor your symptoms and less contact
18 for 14 days, take your temperature twice a day
19 and wear a mask and protective equipment while
20 you're at work.

21 Q Are BOP staff instructed about what to
22 do if they felt symptoms while on the job?

23 A Yes.

24 Q What are they instructed?

25 A Report it immediately to their

1 S. Vasquez

2 supervisor and go home.

3 Q How have they been if so instructed?

4 A There has been guidance put out on out
5 sally port page, there has been e-mails sent out.

6 Q What is the sally port page?

7 A Internal web page.

8 Q That is something staff accessed from
9 home?

10 A No.

11 Q Tell me about how that works.

12 A Accessible from work.

13 Q Like from a work computer station?

14 A Yes.

15 Q You said it's also been sent by e-mail
16 to staff?

17 A Yes.

18 Q Who sent that e-mail?

19 A Probably from the warden's boss.

20 Q If a staff member has a fever over
21 100, I guess over 100, does the screener deny
22 them entry to the institution?

23 A Yes.

24 Q Is that required?

25 A Yes. Required to deny entry or?

1 S. Vasquez

2 Q Yes.

3 A No, if they are showing other symptoms
4 we can deny them for that too but that is an
5 automatic denial.

6 Q So they must deny them if they're
7 showing symptoms?

8 A Yes, if they have a temperature.

9 Q I misspoke.

10 A If they have a temperature they're
11 done. They are not even going to ask about
12 symptoms. They're going to go home.

13 Q What procedures are followed if they
14 answer yes to any of the three questions in
15 section two which are new onset cough, new onset
16 trouble speaking because of needing to take a
17 breath and stuffy runny nose?

18 A The on duty doctor is going to be on
19 called and they are will make that clinical
20 decision.

21 Q Other than fever there is no
22 particular symptoms that would automatically bar
23 someone from entering the building?

24 A Not necessarily.

25 Q After this form is completed what

1 S. Vasquez

2 happens to it?

3 A If there is nothing wrong with it it
4 gets stored and I have boxes of these forms
5 currently in my office.

6 Q Sounds like a lot of forms.

7 A It is a lot of forms. Because we
8 screen a lot of staff members.

9 Q If there are no elevated temperature
10 and no symptoms reported this gets stored in a
11 box in your office?

12 A By date.

13 Q If there is an elevated temperature
14 what happens to the form?

15 A It gets sent to HR. HR does its leave
16 and notification policy that they have which
17 includes notifying supervisors and updating their
18 documents for time and attendance purposes and
19 then the HRM or the Assistant HRM sends me the
20 form and I file it in their staff medical record.

21 Q So this form ultimately exists in
22 those cases no where other than the staff medical
23 record?

24 A Only if they have symptoms, yes.

25 Q So I just want to be clear. I was

1 S. Vasquez

2 only talking at that point of elevated
3 temperature?

4 A Right, if they have elevated
5 temperature or a symptom the procedure is the
6 same. If they were sent home because of this the
7 procedure is the same.

8 Q What if they checked that they had one
9 of these or one or more symptoms but were not
10 sent home what happens to the form?

11 A If it was determined they didn't need
12 to go home the form is it goes with all the other
13 form.

14 Q In your office in the box?

15 A Yes.

16 Q Are these forms or the information
17 used on these forms entered into any kind of a
18 database at any point?

19 A No.

20 Q If an officer takes leave due to COVID
21 symptoms are they entitled to paid sick leave?

22 A That is not my determination.

23 Q What if medical staff take leave due
24 to symptoms are they entitled?

25 A I don't determine that.

1 S. Vasquez

2 Q I am not asking that.

3 A That is a decision made at the Central
4 Office level.

5 Q You don't know the answer?

6 A No. I can tell you a lot of different
7 things are taken into account and the policies
8 were stricter earlier on on this and they have
9 laxed and from what I understand if you're
10 requesting COVID leave now it's approved.

11 Q As paid leave?

12 A From what I understand, yes.

13 Q Do you know whether that is paid
14 administrative leave or paid sick leave?

15 A I don't think it makes a difference
16 for us.

17 Q If somebody used all their sick leave
18 they wouldn't be able to take more sick leave;
19 correct?

20 A No, it's not used as sick leave. It is
21 used as COVID leave completely different.

22 Q When was that change implemented that
23 created this change in policy about leave?

24 A It was a natural thing that came down.
25 I think it was actually put down for the whole

1 S. Vasquez

2 federal government if I recall. I don't know.

3 Q Are you aware that an MDC officer was
4 hospitalized for COVID-19?

5 A No.

6 Q You have never heard that someone who
7 works for the MDC was hospitalized?

8 A No, but I am not responsible for the
9 health care of staff.

10 Q Sure, I know. I just thought maybe
11 because you work at the MDC and these are your
12 colleagues that you would have heard that someone
13 had been hospitalized for COVID?

14 A No.

15 Q Are you aware that there was a staff
16 member who tested positive on April 7?

17 A I am notified when staff members are
18 tested positive along with everybody else and we
19 are notified for a contact investigation. I
20 wouldn't be able to tell you exactly what date
21 that was when all those occurred.

22 Q If a staff member is sent home with
23 COVID symptoms when can that staff member come
24 back to work?

25 A With symptoms or with a positive test?

1 S. Vasquez

2 Q Symptoms only?

3 A Symptoms were right now we are
4 focusing on CDC guidance which is seven days and
5 72 hours without the fever is what we are
6 encouraging people to do.

7 Q Are you aware that there was an
8 officer in intake who was told by the MDC he
9 couldn't come back to work because he only had
10 one symptoms which was fever?

11 A I am not aware of that.

12 Q Are you aware of an officer in intake
13 who tested positive for COVID?

14 A I don't know how to answer that.

15 Q Would you like me to rephrase the
16 question?

17 A Please.

18 Q Are you aware that an officer who
19 worked in the intake area tested positive for
20 COVID?

21 A The staff intake or the R&D intake?

22 Q R&D?

23 A R&D, I am aware there is a staff
24 member that tested positive in that area, yes.

25 Q Are you aware that after that five

1 S. Vasquez

2 other staffers who worked in that area also
3 tested positive?

4 A I am aware of multiple other staff
5 members tested positive in that area, yes.

6 Q Are you aware that these were staff
7 members who had never received masks before
8 testing positive?

9 A I am not responsible for passing out
10 personal protective equipment to staff outside my
11 department.

12 Q I am just asking if you were aware of
13 that?

14 A I am not aware of that because I am
15 not responsible for passing out personal
16 protective equipment outside of my department.

17 Q Does MDC test staff for COVID?

18 A No.

19 Q How does staff get tested?

20 A Staff have access to the community
21 where they can get tested. We don't treat or
22 manage staff illness at the MDC. We are not
23 licensed for it as providers.

24 Q Why is MDC not testing staff?

25 A Because we don't treat or manage

1 S. Vasquez

2 health care for staff. We are not licensed for
3 it.

4 Q Does that mean that MDC can't test
5 staff members?

6 A In order to test as of right now we
7 require an order to be put into our bureau
8 electronic medical record system. The only
9 people who are in that system are inmates.

10 Q Who requires that an order be placed
11 into the computer system?

12 A In order for us to process it that is
13 the process. In order for us to pay our bills, in
14 order for all those -- we treat inmates. We
15 diagnosis inmate with things. We don't do that
16 for staff. Staff has medical coverage on the
17 outside and they can be tested there.

18 Q So is the reason that MDC doesn't test
19 staff because of this paperwork issue or some
20 other reason?

21 A We don't treat staff for medical and
22 we don't diagnose them with things. We are not
23 license for it.

24 Q Has the staff through the union
25 requested that MDC test them?

1 S. Vasquez

2 A I don't know.

3 Q Have you heard staff members request
4 to be tested at the MDC?

5 MR. CHO: Objection to the form. You
6 can answer.

7 A I know staff personnel request me to
8 be tested.

9 Q Is DOP providing testing to staff at
10 other institutions?

11 MR. CHO: Objection to the form.
12 Beyond the scope of the notice. You
13 can answer if you know.

14 A Not that I know of.

15 Q Is it correct that to date 27 staff
16 members have tested positive?

17 A As far as I know, yes.

18 Q As far as you know is there any
19 requirement that staff report positive test to
20 MDC?

21 A No. That is their personal medical
22 information.

23 Q They're not required to report a
24 positive test?

25 A No.

1 S. Vasquez

2 Q The number 27 is the number of MDC
3 staff members who have chosen to report a
4 positive test to MDC?

5 A Is that a question?

6 Q Yes, I am sorry.

7 A They're encouraged to report if they
8 tested positive. That is how they get approved
9 for the leave so I would be under the assumption
10 that they would report that.

11 Q But the 27 people who have done so
12 have not done so under any kind of a mandate to
13 do that?

14 A Not that I am aware of at least. It is
15 their personal medical information.

16 Q Were you part of any discussions
17 within the MDC about whether to test staff at the
18 facility in light of difficulties getting tested
19 in the community?

20 A No.

21 Q Do you know of any such conversation?

22 MR. CHO: Objection to the form.

23 A No.

24 Q Do you know how many staff members
25 have been tested for COVID-19?

1 S. Vasquez

2 A No.

3 Q Are staff members asked this
4 information?

5 A No.

6 Q What are the MDC's rules for when
7 staff may report back to work and the MDC after
8 testing positive for COVID?

9 MR. CHO: Objection to the form.

10 A As I stated previously, seven days
11 after onset of symptoms with a getting better of
12 symptoms and 72 hours after not having a fever
13 without taking Ibuprofen or Tylenol an
14 antipyretic they can return.

15 Q How is their compliance with that
16 policy monitored if at all?

17 A Self reporting.

18 Q Self reporting to whom?

19 A To their supervisor.

20 Q Is there any process by which their
21 supervise seeks this information?

22 A Every supervisor is different.
23 They're instructed when they have a positive test
24 usually one of our instructions these nurses will
25 contact them, run a contact investigation, we

1 S. Vasquez

2 will instruct them on when they can return if
3 they're feeling better, if they are not feeling
4 better they can stay out for longer and they're
5 instructed to check in with their supervisor if
6 that is going to be the case.

7 Q Would the staff who conducts screening
8 at the front of the building know if someone was
9 coming back too soon after being home after from
10 a positive test?

11 A No, because that is protected medical
12 information.

13 Q There is no requirement that Health
14 Services staff cleared the staff before returning
15 to work?

16 A No, we do not treat or diagnose staff.

17 Q Do you know if the number of staff
18 reporting to work at the MDC has decreased due to
19 people calling out sick?

20 MR. CHO: Objection to the form.

21 A That is not my wheelhouse.

22 Q Do you know?

23 MR. CHO: Objection to the form.

24 A I believe there have been staff
25 calling out sick more often than normal but again

1 S. Vasquez

2 it's rampant in our community.

3 Q Has the MDC hired new staff since
4 March 1?

5 MR. CHO: Objection to the form.

6 Beyond the scope. You can answer.

7 A Yes.

8 Q Do you know where these staff which
9 cities these staff have come from?

10 MR. CHO: Same objection.

11 A No.

12 Q How are new hires screened for
13 potential exposure of infection?

14 A The same way staff coming in from the
15 community are.

16 Q Is MDC taking any other steps to
17 increase staffing?

18 MR. CHO: Objection to the form.

19 What topic is this, Betsy?

20 MS. GINSBERG: What topic is this?

21 MR. CHO: What topic is this? I
22 don't know where what topic it is
23 remotely related to? If this is the
24 last question on the topic fine.

25 MS. GINSBERG: It is in fact. We are

1 S. Vasquez

2 allowed to ask about staff tracing and
3 all of that so we will keep asking
4 about staff and I don't know that I
5 have a question about staffing.

6 MR. CHO: Go ahead and answer the
7 question.

8 A We are always trying to hire staff.

9 Q I want to direct your attention to an
10 exhibit that I think we looked at earlier which
11 is Exhibit 13. You might find it faster than me
12 because I am working on the world smallest desk.

13 A I got it.

14 Q You looked at this exhibit earlier.
15 It's the letter from Congresswoman Nydia
16 Velazquez, she is the director of the DOP and we
17 previously looked at paragraph two. I want to
18 draw your attention now to paragraph three.

19 That paragraph says "I have received
20 reports that guards and other staff have been
21 sent home by the medical department at MDC after
22 exhibiting coronavirus symptoms, like fever, only
23 to be called back to work a few days later. This
24 is far shorter than the CDC recommended 14 day
25 period. I have further informed that decisions to

1 S. Vasquez
2 call back employees into work are being made at
3 the BOP Central Office. In addition, we have
4 heard that employees exposed to COVID-19 both
5 outside MDC and within the facility have been
6 instructed to return to work, potentially
7 elevating risk of transmission"; did I get that
8 right?

9 A Yes.

10 MR. CHO: You read it.

11 Q I will ask you about the substance.

12 Have you also heard about people being
13 sent home by the MDC and then being called back
14 in to work a few days later?

15 A No, not for showing symptoms. Staff
16 has been routinely encouraged if they're sick to
17 stay home.

18 Q Also the Congresswoman mentioned that
19 she had heard that employees who had been exposed
20 but presumably asymptomatic had been instructed
21 to return to work. That sounds consistent with
22 what you told me previously?

23 A She is basing off of general guidance.
24 We are using essential personnel guidance. We
25 are essential staff. People have to come in to

1 S. Vasquez
2 work. We need to take care of our inmates to
3 ensure they are safe and healthy. That is why we
4 come in to work to ensure that all the staff and
5 inmates are safe and healthy. They're instructed
6 to wear masks and use their personal protective
7 equipment and to monitor themselves twice daily
8 including taking temperatures, making sure they
9 don't have symptoms and to report to their
10 supervisors if they start having symptoms and to
11 go home.

12 Q Thank you.

13 So I want to draw your attention now
14 to Exhibit 29. We haven't looked at yet today.

15 A Okay.

16 Q Exhibit 29 is you will see and can
17 confirm for me a letter to Judge Karas in the
18 Southern District of New York which embeds in the
19 letter an e-mail message from somebody named
20 Rhonda Barnwell and it looks like that e-mail
21 message is designated on both the front and the
22 back end by a dotted line; do you see what I am
23 talking about?

24 A Yes.

25 Q Do you know who Rhonda Barnwell is?

1 S. Vasquez

2 A Yes.

3 Q Who is she?

4 A Health information tech.

5 Q Can you say that again?

6 A Health information tech.

7 Q Tech was the last word?

8 A Yes.

9 Q What does that mean?

10 A It means she files medical records.

11 Q Do you work with her?

12 A She works for me.

13 Q Other than filing medical records what
14 does she do?

15 A Pulls medical records, if there is a
16 request for records she will pull the records.
17 She has no health care background.

18 Q In her e-mail she wrote and it doesn't
19 say this here but it is certainly directed at the
20 administration of MDC if not Warden Edge that or
21 asked "why are staff not quarantined who have
22 been in direct contact with an inmates who have
23 tested positive or were symptomatic? Meanwhile,
24 you are quarantining an entire unit and not
25 saying a word to those staff members left

1 S. Vasquez

2 behind".

3 Has she communicated these concerns of
4 hers to you?

5 A No.

6 Q Have you spoken with her at all about
7 these issues?

8 A When she wrote this she was doing it
9 as a union official, not as a staff member of
10 mine.

11 Q Sure, but I am wondering if you ever
12 had a conversation about it with her?

13 A Nope, because she has never approached
14 me about it.

15 Q Understood.

16 She also says "why do we have two
17 inmates who tested positive on regular housing
18 units J73 and G43. These inmates were released
19 to general population even before seven days of
20 quarantine".

21 Do you know the inmate she is talking
22 about?

23 A I do and actually the information is
24 incorrect. So at the time when those inmates were
25 tested it was taking five days for us to receive

1 S. Vasquez

2 a test result. Those inmates remained in
3 isolation for those five days when we tested up
4 until we got results. We actually kept both of
5 those inmates in isolation for longer than the
6 seven days of quarantine just to ensure we were
7 not spreading this because it was still very
8 early in this and we were still getting guided.

9 So the information is wrong because
10 she has based it off the fact of when we got the
11 test result back. Not when they started showing
12 symptoms which is what the CDC guidance is.

13 Q How many days after symptoms were they
14 released into population?

15 A Eight or nine, so we held them longer
16 than what CDC guidance is.

17 Q Can you describe for me MDC policy for
18 notifying staff who were in contact about other
19 staff members who tested positive?

20 A What other staff members, not inmates;
21 correct?

22 Q Correct.

23 A A contact investigation is helped and
24 typically we are going to call the staff member
25 and find out what shift did they have any close

1 S. Vasquez
2 contact with anybody that wasn't on their shift
3 or maybe in a different area from where they
4 normally work their shift and then we are going
5 to call the supervisors of those people and we
6 will get phone numbers and contact them whether
7 they're at work or whether their at home and
8 notify them that they came in close contact with
9 somebody with COVID-19.

10 When that happens we are going to
11 instruct them that they need to monitor them
12 symptoms for 14 days including taking a
13 temperature at least once a day when they are not
14 at the prison and having their temperatures taken
15 and twice a day when they are at home and not at
16 work.

17 If they come up with symptoms they
18 should report immediately to their supervisor and
19 if they're at work they should go home.

20 They're also instructed to wear masks
21 at all time but that is for everybody right now.

22 Q Does MDC have a procedure for
23 notifying prisoners who were in contact with
24 staff members who test positive?

25 A Prisoners and staff don't have close

1 S. Vasquez

2 contact. Close prolonged contact.

3 Q That is something that is always going
4 to be the case, it is never going to be
5 investigated?

6 A I don't know how we would investigate
7 that.

8 Q Who contacts, who performs these
9 contact investigation?

10 A Infectious disease people.

11 Q The nurses?

12 A Yes.

13 Q The infectious disease nurses do all
14 of the contact tracing for both staff and
15 inmates?

16 A Yes.

17 Q They're the ones always responsible
18 for notifying staff if close contact test
19 positive?

20 A Yes.

21 Q We heard from staff members who know
22 of positive tests through social communication
23 who were never notified by the MDC of those close
24 contacts.

25 Do you know why that would be?

1 S. Vasquez

2 MR. CHO: Objection to the form.

3 A Staff were in areas that they
4 shouldn't be in during the day or shouldn't be
5 isn't a good word but in areas that we can't
6 trace during the day.

7 It would be like if you were in your
8 office and you went and visited your friend two
9 floors down. It can almost be impossible for us
10 to track that.

11 Q But you would -- but the idea is
12 they're suppose to ask the staff member who they
13 came in contact with?

14 A Had close prolonged contact with.

15 Did you work in an enclosed area with
16 them for a long period of time. Did you --
17 riding in an elevator is not close prolonged
18 contact.

19 Q What about someone who works in the
20 same area such as say the lobby?

21 A We are always going to strive to pull
22 what ever rosters we can. If it's custody or
23 speak to their supervisors to ensure we have the
24 people who are on shift working in the same area
25 and we would notify them.

1 S. Vasquez

2 Q What records are kept of this contact
3 tracing?

4 A We do contact through investigation.

5 Q Are any records kept of the contact
6 investigation?

7 A Yes.

8 Q What records would be kept?

9 A The information we received and what
10 the conclusion of it was.

11 Q Is there like a report every time a
12 staff member tests positive about the
13 investigation?

14 A Yes.

15 Q Who creates that report?

16 A Typically one of the infectious
17 disease people.

18 Q Who do they provide that report to?

19 A Me, the executive staff.

20 Q What is contained in that report like
21 that?

22 A Names, phone numbers, dates they were
23 contacted, address for these staff, when the
24 contact was and that is about it.

25 Q Are these entered into the BOP

1 S. Vasquez

2 computer system, how are these saved or stored?

3 A Currently there is a binder of them.

4 Q Of the contact investigation reports?

5 A Right. We won't put these in staff
6 medical records because they have other people's
7 identifying information in them.

8 Q Have they been done for all 27 staff
9 members who tested positive?

10 A If we were notified, yes.

11 Q Presumably all 27 are people that MDC
12 has been notified of; correct?

13 A Correct. Yes, some of them may be in
14 progress, but yes. The warden has requested a
15 contact investigation on all staff members that
16 have produced a positive tests.

17 Q This has been happening since the
18 first staff member tested positive?

19 A Yes, ma'am.

20 Q You had said earlier there isn't
21 contact investigation or there isn't a policy for
22 notifying prisoners who are in close contact with
23 staff because they don't have those close
24 contacts.

25 As I think you know our team conducted

1 S. Vasquez

2 with our experts in investigation on Thursday,
3 April 23; correct?

4 A Uh-huh, yes.

5 Q At or around 9:00 a.m. when the team
6 went to visit the Health Services unit they saw
7 that an individual is transported from the SHU to
8 Health Services who is surrounded by several
9 officers.

10 Wouldn't he have been said to have
11 been in close contact with those officers?

12 A All the officers were wearing masks.

13 Q What if someone was not wearing a
14 mask?

15 MR. CHO: Objection to the form.

16 A If we could trace that we would.
17 Sometimes we can't though.

18 Q So if two officers were working side
19 by side on a unit and one of those officers
20 tested positive would you notify the other
21 officer?

22 A Yes.

23 Q Even if they were wearing a mask the
24 whole time?

25 A Yes.

1 S. Vasquez

2 Q Does MDC do any contact tracing for
3 staff who were in contact with presumed positive
4 staff members?

5 A I am sorry. Repeat that.

6 Q Does MDC do any contact investigation
7 for staff who have been presumed positive?

8 A If some type of paperwork is shown to
9 us then we would, yes.

10 Q Has that ever been done?

11 A Not to my knowledge but it could have
12 been.

13 Q Does MDC take any steps aside from the
14 contact investigation with respect to on duty
15 staff who have had close contact with positive
16 staff members in terms of what unit they might be
17 assigned to?

18 A No.

19 Q Does MDC take any steps to quarantine
20 prisoners who were in contact with staff members
21 who tested positive?

22 A No.

23 MS. GINSBERG: Seems like a good spot
24 to take five minutes. Does that work
25 for everybody?

1 S. Vasquez

2 MR. CHO: Sure. That is fine. Thank
3 you, Betsy.

4 VIDEOGRAPHER: Going off the record at
5 4:16 p.m.

6 VIDEOGRAPHER: Going on the record at
7 4:30 p.m.

8 Q How many health care workers are on
9 staff the MDC?

10 A Approximately 30 to 35.

11 Q Full-time staff?

12 A Not all.

13 Q How many full-time staff?

14 A About 28.

15 Q The rest are part-time?

16 A Yes, approximately.

17 Q For the 28 full-time employees are you
18 including in that people like Rhonda Barnwell who
19 we talked about earlier who does medical records?

20 A Yes.

21 Q Do you know how many health care staff
22 who have some kind of medical training are on
23 staff at MDC?

24 A There are four nurses, two IOP nurses,
25 there are four nurse practitioners, there are

1 S. Vasquez
2 three doctors, there are two pharmacist, an
3 Assistant Health Services administrator, a Health
4 Services administrator, there are also two
5 dentists.

6 Q Of the people who you just mentioned
7 it sounds like it is the doctors, the nurses, the
8 infectious disease nurses, the nurse
9 practitioners, you and possibly the Assistant
10 Health Services administrators who conduct COVID
11 screening?

12 A On who?

13 Q On prisoners?

14 A Correct.

15 Q I included in that list the three
16 doctors but you can tell me if they should be
17 included?

18 A They could, yes. I have also had some
19 CDY staff as well.

20 Q What other staff?

21 A Staff who come from other institutions
22 coming to help.

23 Q The Assistant Health Services
24 administrator what is that individual's training?

25 A He's a pharmacist.

1 S. Vasquez

2 Q So can he also take vitals,
3 temperature, do wellness checks?

4 A They can take vitals and do wellness
5 check on report if the inmate report anything,
6 yes, the pharmacist can.

7 Q How many of those health professionals
8 are on duty during a weekday?

9 A During a weekday, probably about 15
10 during a weekday on any given weekday.

11 Q Would they be all working the same
12 hours?

13 A No.

14 Q Can you tell me what shifts there are
15 for health care workers during the week?

16 A The nurses cover all the days, so
17 seven days a week. The nurses cover and they
18 work ten hour shifts and they work from 6:00 a.m.
19 to 4:00 p.m. and then they work from noon to ten
20 p.m. and they work four days a week like I said
21 and they have some overlap during the week.

22 The rest of the staff tends to work
23 from anywhere between 6:00 a.m. and 8:00 p.m.
24 depending which shift they're working.

25 Q How many nurses are on the 6:00 to

1 S. Vasquez

2 4:00 shift?

3 A The 6:00 to 4:00 shift, three.

4 Q How many nurses are on the 12:00 to
5 10:00 shift?

6 A Two.

7 Q Seven days a week?

8 A No, two nurses cover 12:00 to 10:00
9 seven days a week.

10 Q Okay.

11 A Three nurses cover 6:00 to 4:00 seven
12 days a week.

13 Q Great.

14 A They have different days off.

15 Q But when you say three nurses you mean
16 three nurses at a time?

17 A Sometimes, sometimes not.

18 Q So how many nurses at a time work the
19 6:00 to 4:00?

20 A Depends on the day.

21 Q What are the different -- what are the
22 days where there is highest number?

23 A It typically would have Monday to
24 Friday I will typically have at least two nurses
25 in from 6:00 to 2:00.

1 S. Vasquez

2 Q On Monday through Friday how many from
3 12:00 to 10:00?

4 A One except for on Wednesday when there
5 is two here.

6 Q What about on Saturday and Sunday 6:00
7 to 4:00?

8 A One.

9 Q And 12:00 to 10:00?

10 A One.

11 Q How many doctors are on duty?

12 A There is also med techs covering all
13 of those hours as well. That is who does the pill
14 lines. They are medication techs during all the
15 hours the nurses are there.

16 Q You said that they're medication
17 techs?

18 A Yes.

19 Q Medical techs, which one are they?

20 A Medication techs.

21 Q Those people do the pill line?

22 A They do the pill line, yes. The
23 nurses are not going door to door doing pill
24 lines.

25 Q Do those medication techs do anything

1 S. Vasquez

2 other than the pill line?

3 A No, but they're trained just like
4 every other staff member in the bureau is in CPR
5 and first aid every year during annual training.

6 Q How many doctors are on duty Monday
7 through Friday?

8 A Monday through Friday their normal
9 working hours so typically there would be three.

10 Q Are they all on the same shift?

11 A Yes.

12 Q What is that shift?

13 A 7:30 to 4:00.

14 Q On Saturday and Sunday?

15 A The doctors are on-call four hours a
16 day seven days a week. They rotate their on-call
17 schedule every week.

18 Q Is there any doctors at the
19 institution on Saturday and Sunday?

20 A No.

21 Q And then when you tell me that the
22 nursing schedule are those including the
23 infectious disease nurses?

24 A No.

25 Q But is it including nurse

1 S. Vasquez

2 practitioners?

3 A No.

4 Q So those are just the four nurses the
5 schedule that they're on?

6 A Yes.

7 Q How many nurse practitioners are on
8 duty between 6:00 and 4:00 during the week?

9 A Four typically. They cover different
10 hours.

11 Q So I was asking between 6:00 and 4:00?

12 A They don't work the same shifts as the
13 nurse dose.

14 Q Got it.

15 So how many nurse practitioners can
16 you tell me what their schedule is?

17 A I have one that works from 12:00 to
18 8:00 Monday through Friday, one that works from
19 6:00 to 2:00 Monday through Friday, one that
20 works from 10:00 to 8:00 Monday through Thursday
21 and one that works from 10:00 to 8:00 Tuesday
22 through Friday.

23 Q Are all three doctors currently full
24 duty at the MDC as of now?

25 A One of the doctors is TDY Central

1 S. Vasquez

2 Office right now.

3 Q He is -- say that again, TDY?

4 A He is Temporary Duty Central Office
5 right now.

6 Q So there are two doctors who are
7 currently working at the MDC right now and there
8 are otherwise 12 medical workers?

9 A Is that what I stated.

10 Q You told me four nurse practitioners,
11 two infectious disease nurse, four registered
12 nurses, you said three doctors but I think now
13 it's two doctors plus you and the Assistant
14 Health Services administrator?

15 A That would be correct.

16 Q When are the COVID screening what are
17 the hours during which COVID screening are
18 occurring in all of the housing units?

19 A Between 6:00 a.m. and ten p.m.

20 Q Is the same number of medical
21 professionals on duty during those hours
22 throughout that whole time?

23 A I am not sure I understand your
24 question.

25 Q How many medical workers are on duty

1 S. Vasquez

2 on a weekday?

3 A It varied. Depends what time during
4 the day and what day it is.

5 Q So what is the maximum?

6 A Twelve.

7 Q So there are sometimes where all of
8 the 12 medical workers are there during the week
9 and that is during --

10 A Yes.

11 Q During the overlaps of all the shifts?

12 A Yes.

13 Q Who among these staff members conduct
14 these COVID screenings?

15 A Typically right now the nurses but
16 nurse practitioners, the doctors, me, the
17 pharmacist can go do it.

18 Q But for the most part it is the
19 nurses?

20 A The majority of it, yes.

21 Q Why in times where it has been someone
22 other than one of the nurses what has been the
23 reason for that?

24 A Just to release stress off of the
25 nurses.

1 S. Vasquez

2 Q Have any of the nurses been unable to
3 report to work during the pandemic?

4 A Not due to COVID-19, no.

5 Q For other reasons?

6 A I have had nurses call in sick for
7 personal reasons but not due to COVID-19.

8 Q How long does it take to conduct COVID
9 screening of a housing unit?

10 A I believe we discussed earlier an
11 hour.

12 Q So does this task occupy most of the
13 nurse's time during the course of the week?

14 A No.

15 Q Do any of the nurses speak Spanish?

16 A Yes.

17 Q How many of them?

18 A Three.

19 Q Is there always a Spanish speaking
20 nurse on duty?

21 A No, but we have Language Line
22 interpretation if we need it.

23 Q How does someone use Language Line
24 when they are conducting COVID screening on the
25 housing unit?

1 S. Vasquez

2 A We wouldn't use it but if the inmate
3 seemed to not understand what we were saying we
4 would then try to find someone to interpret for
5 us or we would use the Language Line.

6 Q Has anyone needed to use the Language
7 Line for COVID screening?

8 A Yes.

9 Q Have you needed to do that?

10 A I have not.

11 Q According to the BOP pandemic
12 influenza plan DOP facilities are to create
13 alternative staffing plans to make sure that they
14 can provide 12 to 24 hour coverage; has that been
15 done?

16 A We cover 16 hours a day normally.

17 Q How about now?

18 A Right now we are covering 16 hours a
19 day.

20 Q Are there none health care staff that
21 are being used to supplement the health care
22 staff to perform health care duties?

23 A No.

24 Q Do you know whether any staff at MDC
25 are working from home?

1 S. Vasquez

2 A Not that I am aware of.

3 Q Do you know if unit managers are
4 working at home?

5 A I have seen unit managers in the
6 prison.

7 Q Who is the MDC infection control
8 officer?

9 A Nurse Jordan.

10 Q What is the Century SMD system?

11 A Century, the system we previously
12 talked about, how Central Office is tracking
13 this.

14 Q According to the infectious disease
15 management program statement for BOP "all cases
16 of infectious disease is entered into this
17 system"; is that correct?

18 A It is correct.

19 Q Is that what the MDC is doing?

20 A Yes.

21 Q What cases is MDC inputting into that
22 system; is it all positives?

23 A All positives, all tested, all inmate
24 quarantine, all inmate isolated. All presumed
25 positive cases.

1 S. Vasquez

2 Q All of those cases are being entered
3 into the system?

4 A Yes, and then once taken off the
5 quarantine or isolation it is taken out of the
6 system.

7 Q What on site medical facility are
8 available at MDC?

9 A MDC practicing Basic Life Support so
10 anything involving CPR, we have an oxygen
11 concentrator, the bag valve mask, anything to
12 that extent if it's passed our capability we call
13 9-1-1 they have a very quick response time for us
14 and the hospital is just a couple of blocks down.

15 Q Is that Lutheran?

16 A Yes.

17 Q Are there medical exams --

18 A I am sorry. NYU Langone, not Lutheran.

19 Q Are there medical exam rooms at the
20 MDC?

21 A Yes.

22 Q Where are they?

23 A There are medical exam rooms on the
24 third floor. There also is a medical exam room
25 on each floor with housing units on it.

1 S. Vasquez

2 Q What is in the medical exam rooms?

3 A Exam table, a vital stick, computers,
4 supplies.

5 Q Does MDC have any negative pressure
6 isolation rooms?

7 A Yes, we have two.

8 Q Where are those?

9 A In medical.

10 Q On the third floor?

11 A Yes.

12 Q Have either of them been used since
13 the pandemic began?

14 A No.

15 Q Why not?

16 A Because we have had multiple people
17 that have needed isolation. Who do you decide to
18 put in the negative pressure room versus who do
19 you not in isolation.

20 Q There are two people in isolation
21 right now; correct?

22 A Correct.

23 Q Why aren't both of them in negative
24 pressure rooms?

25 A Because our practice remains

1 S. Vasquez

2 consistent.

3 Q What is the maximum number of people
4 that MDC has held in isolation at any given time?

5 A I believe we have had up to ten in any
6 given time.

7 Q That is during this pandemic?

8 A Yes.

9 Q How many people -- when were there ten
10 people in isolation?

11 A I couldn't tell you exactly.

12 Q How long have there been two or fewer
13 people in isolation?

14 A I couldn't tell you that exactly
15 either.

16 Q Approximately?

17 A I don't know.

18 Q A week ago, how many people were in
19 isolation?

20 A I don't know.

21 Q Do you know the average number of
22 people in isolation has been by week during this
23 pandemic?

24 A No.

25 Q How long were ten people in isolation

1 S. Vasquez

2 for?

3 A They would have been in isolation for
4 their seven day period so some of them could have
5 been from the same timeframe, some of them could
6 have not.

7 Q Does MDC have an x-ray machine?

8 A Yes.

9 Q Is it currently functioning?

10 A Yes.

11 Q Has it been used to take lung x-rays
12 of anybody during the pandemic?

13 A No, but we have sent inmates out to
14 the local hospital take x-rays taken.

15 Q I think you mentioned there is an
16 oxygen concentrator?

17 A Yes.

18 Q What is that?

19 A Provides oxygen through a nasal
20 cannula or other oxygen delivering device.

21 Q Has that been used during the
22 pandemic?

23 A It has not needed to be used.

24 Q It hasn't been?

25 A No, there is no need for.

1 S. Vasquez

2 Q Is there in a defibrillator at the
3 MDC?

4 A There are over 25 defibrillators at
5 the MDC.

6 Q You mentioned earlier that there are
7 pulse oximeters at the MDC; correct?

8 A Quite a few of them, yes.

9 Q How many?

10 A Every staff member, every medical
11 staff member that can screen people has one and I
12 probably have another ten sitting in a cabinet.
13 And there is one in every single room too.

14 Q In every single exam room?

15 A Yes.

16 Q What medical care is available at the
17 MDC for treating people who complain or show
18 symptom of COVID?

19 A Depending on what their symptoms are
20 we prescribe them medication based off of their
21 clinical need and if it is anything that we can't
22 handle in house we would send them to the local
23 hospital.

24 Q Currently where do inmates receive
25 medical care at the MDC?

1 S. Vasquez

2 A We are trying to limit our inmates
3 coming down to medical to ensure that we are not
4 spreading this virus to different areas so we are
5 currently providing medical care in the medical
6 exam rooms on the floors when we can, if we can't
7 do that then they are brought down to the Urgent
8 Care room on the third floor medical.

9 Q The urgent care floor is being used,
10 is in use now, it's just not in as much use
11 typically?

12 A Right, because we are trying to
13 contain it to the floors so we are not cross
14 contaminating anything.

15 Q During non pandemic times what kinds
16 of rounds do medical professional do at MDC?

17 A The nurses and the medications techs
18 go to the units for insulin line and pill line
19 and the inmates have access seven days a week to
20 turn in a sick call via electronic cop out.

21 Q I think you mentioned earlier in the
22 general population unit that there are some
23 medical rounds still being conducted?

24 A Due to them being locked in we make
25 twice daily rounds while we are doing insuline

1 S. Vasquez

2 line and pill line.

3 Q Given that MDC is conducting twice
4 daily rounds on every single unit in the facility
5 has there been any difficulty completing these
6 rounds?

7 A My staff has stepped up to the plate
8 and have worked overtime hours to ensure their
9 fellow staff members have the help they need to
10 include myself and other staff that can do things
11 like screening and stuff. So we have been able
12 to complete the necessary daily tasks.

13 Q So that means that those twice daily
14 rounds in general population are happening every
15 single day?

16 A They're in there for pill line and
17 insulin line twice a day.

18 Q What about medical rounds? Maybe I
19 misheard.

20 A They can do them at the same time.

21 Q It is the med techs who are doing the
22 rounds on general population?

23 A If the inmate is requesting a sick
24 call the med tech can handle the sick call,
25 collect it and give it to a nurse. If it's an

1 S. Vasquez

2 emergent or urgent issue and they think someone
3 needs to address them right then the med tech is
4 going to the call the nurse as well.

5 Q The nurses are not doing rounds on the
6 general population unit?

7 A No, the nurses are doing rounds there
8 as well. They're working as a team though.

9 Q I think I am not I am having trouble
10 understanding so I apologize if we already gone
11 over this but in the general population unit what
12 are the nurses doing?

13 A Insulin line, because the med tech
14 can't do insulin line. The nurses are in those
15 units as well.

16 Q Are they doing anything other than
17 insulin line?

18 A Responding to emergencies. Anything
19 that is needed that the nurse would normally do
20 on a daily basis, wound care, things like that,
21 they will be in those units for that.

22 Q They're not doing COVID screening?

23 A We don't routinely, we are not
24 routinely screening COVID in those units.

25 Q If a prisoner reports symptoms of

1 S. Vasquez

2 COVID such as loss of smell or taste without
3 elevated temperatures how does that person get
4 assessed?

5 A They report it to a health care staff
6 and a health care provider would investigate
7 them.

8 Q What is the procedure for deciding
9 whether an inmate require care in the hospital
10 outside of the prison?

11 A That is made by the health care
12 provider that is assessing them.

13 Q How many people have been taken out of
14 the hospital for COVID related care during the
15 pandemic?

16 A Two I believe and they did not stay at
17 the hospital. They were sent back immediately.

18 Q They were sent back to MDC?

19 A Yes.

20 Q Were both of them who is tested
21 positive?

22 A No.

23 Q Did either of them test positive?

24 A One.

25 Q Was the other person presumed

1 S. Vasquez

2 positive?

3 A No, the hospital tested and said it
4 was not positive. He have pneumonia.

5 Q Have any MDC prisoner gone out to the
6 hospital other than those two since March 1?

7 A Yes.

8 Q Have any of those individuals not
9 returned to MDC?

10 A No.

11 Q Do you know approximately how many
12 people have gone out to the hospital in the last
13 two months?

14 A No, we have had a couple of routine
15 doctors appointments that we couldn't miss and we
16 have had a couple of accidents related to
17 breaking of bones and falling off of things. The
18 normal daily stuff.

19 Q How can a prisoner MDC use the sick
20 call process?

21 A So our normal sick call process
22 electronic cop out which they still do have
23 access to three days week if they would like to
24 put one in that way and they do.

25 The other option is because they're

1 S. Vasquez
2 locked in right now when medical staff are making
3 rounds we can run sick call forms, they can fill
4 that out, we will pick it up and we will assess
5 the situation and determine whether or not it
6 needs to be seen immediately or if it can be
7 added to schedule regular sick call.

8 Q Besides the electronic sick call
9 process and the form that the medical staff carry
10 is there anyway to request care through the sick
11 call system?

12 A If an inmate is having an urgent or
13 emergent problem they can stop one of the
14 correctional services staff when they are making
15 their 30 minute rounds and they can call us.

16 Q What happens if someone writes their
17 complaint down on a piece of paper it is not one
18 of the forms provided and they hand it to a staff
19 member?

20 A Any staff member?

21 Q Sure.

22 A I can't promise you that it'll make it
23 to medical. The hope is that it will. If they
24 handed it to a medical staff member which is what
25 they are instructed to do then yes, it will take

1 S. Vasquez

2 that regardless of what form it's on.

3 Q Are there boxes on the units where
4 people can put those cop outs?

5 A It was from an old system. So it was
6 before they went to the electronic system. We
7 don't check those boxes and they're not suppose
8 to put them into those boxes, they are told to
9 hand them back to health care staff.

10 Q Nobody checks those boxes but they're
11 still there on the unit?

12 A Yes.

13 Q What happens with if somebody puts in
14 a request on TruLincs with those requests?

15 A They're triaged the same way,
16 determined whether or not they need to be seen
17 immediately and put into the scheduler on our
18 medical records system.

19 Q So can you describe for me how that
20 scheduler works?

21 A Basically a running list and it's put
22 in under the inmate's name and usually under the
23 comment is what they complained of.

24 Q So it has the inmate's name, it has a
25 comment that includes the substance of the

1 S. Vasquez

2 complaint, does it have any other information?

3 A Who put it in.

4 Q The health care worker who puts the
5 information in the system?

6 A Yes.

7 Q Does it have the date of the request?

8 A Typically it's what ever the date that
9 we received it is the date that it's on the
10 scheduler as.

11 Q If an inmate sends a request through
12 TruLincs on Monday but it gets put into the
13 system on Tuesday it will show up as a Tuesday
14 request?

15 A Correct.

16 Q How does it work with the paper form?

17 A Same thing.

18 Q Those paper forms get collected, they
19 go to medical, who puts them into the system
20 usually?

21 A Typically the nurses.

22 Q This is not something that someone
23 like Rhonda Barnwell will be involved in?

24 A No.

25 Q The nurses put these in and they

1 S. Vasquez

2 record again the date that their inputting the
3 information, the substance of the complaint and
4 the name?

5 A The system automatically records the
6 date.

7 Q The system does, got it. Okay.
8 And that is called the scheduler?

9 A Yes.

10 Q So if somebody puts something inputs a
11 sick call into the scheduler and then what
12 happens with it?

13 A What every provider is going to see
14 it, typically it is the nurse practitioners are
15 doing that right now, go into that scheduler,
16 find their list, work from the top to the bottom
17 unless something was brought to their attention
18 by one of the nurses and they're going to go into
19 that scheduler and hit a button that says process
20 and it'll open into one that says clinical
21 encounter note.

22 Q Open into a clinical encounter note
23 did you say?

24 A Right, and that is where they're going
25 to process the sick call through.

1 S. Vasquez

2 Q That clinical encounter note ends up
3 in medical care record?

4 A This is all the medical record system.
5 It's all one system.

6 Q Is the information that is inputted
7 into the scheduler maintained in the scheduler?

8 A Meaning if -- is it processed, does it
9 stay there?

10 Q Yes.

11 A No, it does not. It then becomes a
12 clinical encounter and you would look up the
13 inmate's record to determine that.

14 Q Do you know what system the scheduler
15 uses?

16 A I don't know what you're asking.

17 Q Like what software?

18 A Bureau electronic medical record was
19 created for the Bureau of Prisons. The scheduler
20 is part of that.

21 Q You don't know whether that
22 information disappears then?

23 A It doesn't completely disappear but I
24 can pull the information but you have a lot of
25 information to weed through to do it.

1 S. Vasquez

2 Q If you wanted to check when that
3 clinical encounter, so if say somebody pulled
4 that thing up on the scheduler do you know
5 whether, and turns it into a clinical encounter,
6 do you know whether the date that that happens
7 that clinical encounter happens is recorded?

8 A Yes, it is automatically populated.

9 Have you ever seen one of the clinical
10 encounters from the bureau?

11 Q I have.

12 A It looks just like that. And all that
13 information on the top portion is automatically
14 populated.

15 Q How long does it take from an inmate
16 making a request through TruLincs typically to
17 have that clinical encounter?

18 A Typically under non COVID situation we
19 strive for 14 days.

20 Q How about -- and the 14 days is from
21 when it's entered into the scheduler to the
22 clinical encounter?

23 A When medical becomes aware of it, yes.

24 Q And so there may be some additional
25 time between when the person makes the request

1 S. Vasquez

2 and when it gets entered into the scheduler?

3 A The staff goes through that box seven
4 days a week the nurse dose.

5 Q The e-mail box?

6 A Yes.

7 Q Is everything included, is everything
8 entered into the scheduler the same day that is
9 retrieved from the box?

10 A Typically, yes.

11 Q The same day that it's sent by the
12 inmate?

13 A It depends when the inmate sent it
14 because sometimes the inmate when they are on
15 lock they have access their TruLincs account
16 until they are locked out for the night so no, at
17 9:30 we may not be checking -- I don't have
18 someone sitting looking at this box 16 hours a
19 day, no.

20 Q The handwritten list those get input
21 into the scheduler at some point after they're
22 retrieved?

23 A Same day input.

24 Q Same day?

25 A Yes.

1 S. Vasquez

2 Q What happens to that form after the
3 information has been included into the scheduler?

4 A Currently we are putting it in the
5 box. Previously because what was our normal
6 practice was we were getting rid of it.

7 Q When did you start putting them in a
8 box?

9 A Friday I believe.

10 Q The previous practice was to get rid
11 of it how?

12 A Shred it.

13 Q You said that prior to COVID it was a
14 14 day you would strive for 14 days to respond to
15 sick call request.

16 What has it been during COVID?

17 A I couldn't give you an exact number. I
18 have had some temporary staff come in and help us
19 out with that so we are definitely moving on it
20 but everything is triaged. If it's something
21 emergent or urgent it seems usually same day.

22 So we don't have people complaining of
23 chest pain that are not being assessed. If it's
24 long term issue the inmate are asking that is on
25 a routine basis.

1 S. Vasquez

2 Q Chest pain would get assessed more
3 quickly but otherwise the non, the sick call
4 request that medical staff considered to be non
5 emergent are typically being addressed more than
6 14 days after they're entered into the system?

7 A Two and a half weeks is I think what
8 it is average right now.

9 Q What are considered to be emergent
10 request?

11 A Shortness of breath, COVID like
12 symptoms obviously, chest pain, I broke something
13 a bone, something like that. That would be --
14 typically we are not even going to get a sick
15 call on that. We will get a call from an unit
16 officer.

17 Q What about just a fever?

18 A A fever would be COVID like system
19 that would be assessed immediately.

20 Q How quickly?

21 A Immediately.

22 Q The same day?

23 A Yes.

24 Q What about a cough?

25 A Cough we have tried to assess the same

1 S. Vasquez

2 day as well.

3 Q What about loss of sense or taste?

4 A Not quantifiable.

5 Q What do you mean by that?

6 A Other than someone reporting that how
7 do you quantify that this is going on.

8 Q I mean when would like would that be
9 considered an emergent request right now?

10 A No.

11 Q It would go into sort of regular two
12 and a half week file?

13 A Yes.

14 Q Do you know why the paper sick call
15 slips were shredded and not placed into medical
16 records?

17 A Routine practice we don't typically we
18 don't scan in the electronic copouts either.

19 Q Is there a way to put a paper a piece
20 of paper into a BOP medical record?

21 A Yes.

22 Q How do you do that; just scan it?

23 A You can scan it in but we are also not
24 going to scan documents and prolong retention of
25 documents that could infected with COVID-19.

1 S. Vasquez

2 That not a good infectious disease practice.

3 Q Otherwise that is how you might put a
4 piece of paper in?

5 A We put medical records all the time in
6 that way, yes.

7 Q Do you keep any record of someone's
8 history of medical complaints aside from their
9 chart during COVID?

10 A No.

11 Q Is there anyway in which these kinds
12 of COVID systems are being tracked at all?

13 A Through their chart.

14 Q If somebody reported a sore throat
15 would that be considered emergent right now?

16 A It would depend on what they
17 described.

18 Q If they just said I had a sore throat
19 I would like to be seen by a doctor?

20 A Probably not.

21 Q What about fatigue?

22 A Fatigue would be one that we look
23 closer at.

24 Q What about nasal congestion?

25 A Possibly. You are asking about these

1 S. Vasquez

2 stuff separately. It would be assessed so you
3 would talk to a person, you would we may if we
4 are sitting on a computer we may look up what
5 their history is, if their history is they have
6 seasonal allergy and we know that then no, we
7 probably wouldn't immediately assess a runny
8 nose.

9 Q We have heard from a number of
10 prisoner that their complaints of COVID symptoms
11 have gone untreated for multiple days at a time,
12 is there any reason to think that that is not
13 happening?

14 A Yes, because medical staff are
15 assessing people when they have serious
16 complaints of COVID systems.

17 Q So what constitutes serious
18 complaints?

19 A As assessed by the medical staff
20 member.

21 Q Do you know if the volume of sick call
22 complaint have gone up since the beginning of the
23 pandemic?

24 A We don't typically track the number of
25 sick call complaints we get in.

1 S. Vasquez

2 Q So you don't know the answer?

3 A No.

4 Q Do prisoner's attorneys sometimes
5 contact the MDC to report that their clients
6 require care?

7 A Occasionally yes.

8 Q What happens to those complaints?

9 A Typically we are go speak to the
10 inmate and the majority of the time the inmate
11 has complained of none of those things to us when
12 we went and spoke to the inmate about it.

13 Q So that person that is not treated
14 like a sick call, it's not put into the
15 scheduling system?

16 A No.

17 Q How quickly is the inmate seen?

18 A Typically same day.

19 Q Are those same day appointments
20 happening during COVID?

21 A For COVID related symptoms, yes.

22 Q Do family members also sometimes
23 contact the facility to report that their loved
24 ones need care?

25 A I do not field calls from family

1 S. Vasquez

2 members, no.

3 Q What about e-mail?

4 A I don't e-mail from family members
5 either.

6 Q Those are treated differently than
7 e-mails that come from attorneys?

8 A I don't, I get neither of these
9 e-mails. When I not notified of things we look
10 into them.

11 Q Who gets these kinds of e-mails?

12 A Legal, I believe the family has access
13 to the sick box.

14 Q If these e-mails come to the executive
15 assistants office are they typically forwarded to
16 the medical department?

17 A Sometimes.

18 Q What else might happen to them?

19 A I don't know. I don't run that box.

20 Q Have you seen those complaints come to
21 the medical department?

22 A Yep.

23 Q Are you aware that some of the
24 emergency buzzers in inmate cells are
25 nonoperational?

1 S. Vasquez

2 A I am not aware of that. I do not fix
3 things in the MDC. Correctional officers make 30
4 minute rounds.

5 Q You're not aware that some of the
6 buzzers are not functioning?

7 A No, that is not my department.

8 Q I am just asking if you're aware of
9 it?

10 A No.

11 Q Have any new procedures been
12 instituted at MDC to change the provision of care
13 aside from the COVID screening that happened in
14 isolation and quarantine?

15 MR. CHO: Objection to the form.

16 A We are not bringing people down to
17 medical as often to try to prevent cross
18 contamination and ensuring we are wearing
19 appropriate PPE when needed for COVID outbreak.

20 Q On April 20 the New York Daily News
21 quoted a medical staffer at the MDC saying quote
22 "overall I believe a lot of people are sick and
23 it's like a balancing game whether they just have
24 flu symptoms, cold symptoms or viral symptoms
25 because the symptoms are pretty much the same.

1 S. Vasquez

2 It's like there are more people sick and we don't
3 know for sure who has it".

4 Do you also think a lot of people at
5 the MDC are sick?

6 A No.

7 MR. CHO: Objection to the form.

8 Q So you think that this quote from a
9 medical staffer is incorrect?

10 MR. CHO: Objection to the form.

11 A Yes. I believe health care staff and
12 all MDC staff are doing everything they can to
13 keep staff and inmates safe and healthy.

14 Q So you don't think that there are more
15 people sick at the MDC and that the MDC isn't
16 sure who has it?

17 MR. CHO: Objection to the form.

18 A No, I think they're doing everything
19 that they need to be doing and I don't think
20 there are a bunch of people sick.

21 Q So I want to ask you really briefly
22 about the pill and insulin line and how that is
23 being conducted.

24 Can you describe for me how it is now
25 being conducted during the pandemic?

1 S. Vasquez

2 A Insulin line and pill line are
3 conducted door to door and at each cell and even
4 before this happened medical staff members do not
5 stick inmates with insulin nor do they check
6 their blood sugar. They check their own blood
7 sugar and they inject themselves with their
8 insulin.

9 My staffer wearing masks and when
10 possible when not taking medication the inmates
11 are wearing mask. We are ensuring social
12 distancing in doing this and we are not crossing
13 inmates in cells while doing it.

14 Q I didn't hear the last thing you said?

15 A We are not crossing inmates in cells.
16 So we don't have a line of inmates standing in a
17 unit. They're locked in their cells and we go to
18 door to door.

19 Q I am sorry to ask you this again.
20 There is a word that I keep missing. I am not,
21 something, inmates in cells?

22 A Inmates are locked in their cells. We
23 are not crossing them. So we don't have a line
24 of inmates standing. We need to get their
25 insulin. Like would be a normal procedure there

1 S. Vasquez

2 would be a line. During COVID --

3 Normal procedure there would be a
4 line. Normal insulin line would be run with the
5 inmates coming and lining up for their insulin
6 line and pill line.

7 Because the inmates are currently
8 locked in all of them are we are going cell to
9 cell and performing insulin line. So the inmates
10 are not coming within six feet of each other,
11 they're social distancing. Our staff are wearing
12 masks. The inmates when possible are encouraged
13 to wear their masks and told to wear their mask
14 so we are not spreading this.

15 Q Are you familiar with the BOP list of
16 inmates who are particularly vulnerable to
17 COVID-19?

18 A Yes.

19 Q How is that list created?

20 A Based off of risk factors. Originally
21 when this started before we had a solid set of
22 risk factors we based it off of who would be at
23 risk for the flu and who would be on the list to
24 get the flu vaccine first. Then CDC guidance came
25 out and kind of narrowed that list down so we

1 S. Vasquez

2 then took inmates off that list based off of CDC
3 guidance.

4 Q As I understand it the list started at
5 537 people; is that correct?

6 A Yes.

7 Q How many people are on that list now?

8 A About 380.

9 Q That is because some people were taken
10 off and some people were released?

11 MR. CHO: Objection to the form.

12 A Some people were taken off yes, they
13 felt that the CDC guidance and some may have been
14 released, yes.

15 Q Were there particular categories of
16 people who were removed in the list?

17 A Hypertension was the big one that we
18 removed from the list.

19 Q Any others?

20 A Not that I am aware of.

21 Q Who was involved in creating that
22 list?

23 A The infectious disease nurse and
24 myself.

25 Q Nurse Jordan?

1 S. Vasquez

2 A Yes.

3 Q How often is that list updated?

4 A As needed. It is not a medical tool
5 that we use. It is kept basically for you all and
6 the court. We have access to the medical record.

7 Q How does the MDC use that list?

8 A MDC does not use that list.

9 Q What purpose does it serve?

10 A We were told to identify the high risk
11 inmates, they are at high risk of having
12 complications if they touch. We look any time
13 someone is showing symptoms and we think there is
14 a possibility that they have this and we review
15 their medical record to ensure we are watching
16 what we need to watch for their specific high
17 risk or if they're not high risk. But we have
18 access to their medical record.

19 Q Has MDC taken any steps to identify
20 people who are at the most the highest risk for
21 death or serious illness from COVID?

22 MR. CHO: Objection to the form.

23 A I don't know that anybody on that list
24 is at a higher risk than the other. They are at
25 risk of having complications if they catch this.

1 S. Vasquez

2 Q So you think that --

3 A Someone can have complications that
4 are not on that list too.

5 Q What do you mean by that?

6 A This disease is -- I am not currently
7 working in a hospital but tracking it it's not
8 just killing old sick people, it is killing young
9 people at times too that don't have the risk
10 factors.

11 We monitor every inmate that has this
12 or we think has this and we ensure that their
13 health and safety while they're with us we send
14 them out to a local hospital if we needed to and
15 we couldn't manage them in house.

16 Q Is MDC taking any steps to protect
17 this group above what it is doing for the overall
18 population of MDC?

19 A No, because all of our inmates health
20 and safety are important. We are treating them
21 all that they're high risk and we are giving them
22 all masks and encouraging them to social distance
23 and locking them in to try to prevent the spread
24 if it is.

25 Q These individuals are not provided

1 S. Vasquez

2 additional screening?

3 MR. CHO: Objection to the form.

4 A No, and there is no guidance to
5 additionally screen them.

6 Q Is any of them single cell based on
7 their risk factors?

8 MR. CHO: Objection to the form.

9 A No.

10 Q Are they as a group isolated in
11 anyway?

12 A No.

13 Q I want to direct your attention to
14 Exhibit 20.

15 A I am there.

16 Q So what you should have before you
17 that is marked as Exhibit 20 is a letter from the
18 warden that MDC that was previously filed in a
19 criminal case United States versus Nick Conga; is
20 that what you see before you?

21 MR. CHO: We have that letter dated
22 marked 18. It is regarding MDC New
23 York and MDC Brooklyn overnight case.
24 Is that what you're referring to?

25 MS. GINSBERG: Yes.

1 S. Vasquez

2 MR. CHO: The records are from Noelle.

3 Q In this letter from March 18 it states
4 "MDC Brooklyn has not isolated its at risk
5 population at this time because the number of
6 inmates who fall into this category is too large
7 to contain and isolate on one or even two units."

8 Is it correct that the group is too
9 large to isolate?

10 A Yes.

11 Q Do you agree with the warden as to the
12 reason as to why MDC is not isolating these
13 people?

14 MR. CHO: Objection to form.

15 A Yes.

16 Q The reason is in fact because there is
17 too many of them?

18 A Yes.

19 Q Are you the person who or I guess you
20 and Nurse Jordan are both responsible for
21 overseeing this list?

22 MR. CHO: Objection to the form.

23 A Yes, I manage Jordan so yes.

24 Q Of the six people who were tested as
25 positive for COVID at the MDC have any of them

1 S. Vasquez

2 been released from custody?

3 A I wouldn't be able to tell you that.

4 Q Do you know if any of them has been
5 released?

6 A Again, I wouldn't be able to tell you
7 that.

8 Q You don't know?

9 A I don't know.

10 Q Do you know if any of them has died?

11 A Not that I am aware of.

12 MS. GINSBERG: James, I want to take
13 ten minutes.

14 VIDEOGRAPHER: Going off the record
15 5:31 p.m.

16 VIDEOGRAPHER: Going on the record
17 5:45 p.m.

18 Q So I just want to clarify one thing I
19 think what you said about general population was
20 that COVID screening, daily COVID screening, is
21 not happening in those units?

22 A No, they have to access to twice daily
23 medical rounds and there is no guidance put down
24 by Central Office to screen inmates every day
25 that aren't on quarantine or isolation.

1 S. Vasquez

2 Q I want to turn your attention to the
3 document that is marked Exhibit 30. Are you
4 there?

5 A Yes.

6 Q So this is a document that is called
7 correcting misinformation about BOP and COVID-19;
8 is that what you're looking at?

9 A Yes.

10 Q There is no in page numbers on this
11 document but I want to turn your attention to the
12 first page and in the first page it says that
13 "Health Services staff throughout the BOP are
14 conducting rounds and checking inmate temperature
15 at least once a day. Those locations where
16 inmates are in quarantine or isolation health
17 services staff are conducting rounds and
18 temperature checks twice a day."

19 So consistent with what you told me
20 those twice a day checks in quarantine and
21 isolation are happening; right?

22 A Yes.

23 Q But there are not at least once a day
24 checks happening elsewhere; correct?

25 A That would not be guidance put down by

1 S. Vasquez

2 Central Office to the health care staff. I do
3 not know who wrote this. It was probably someone
4 in Central Office but that has not been guidance
5 put down to the Health Services unit.

6 Q We have talked a little --

7 A The myth is that prisoners fearing
8 they may be abandoned in a isolation cell. It
9 doesn't talk about general population anywhere in
10 that?

11 Q Well what it says is that they fear
12 being abandoned in an isolation cell and left for
13 dead so they're not reporting symptoms?

14 A It contradict itself.

15 Q We have certainly been hearing those
16 kinds of stories.

17 Anyway, I want to ask you a little bit
18 more about some of the things that the Health
19 Services staff is doing in addition to the COVID
20 screening on top of it is typical Health Services
21 duties.

22 Are health services staff currently
23 now involved in reviewing compassionate release
24 applications?

25 A Yes.

1 S. Vasquez

2 Q Who is involved in that?

3 A Myself and the acting Clinical
4 Director.

5 Q Who is the acting Clinical Director?

6 A Dr. Baylor.

7 Q How do you review those applications?

8 MR. CHO: Objection. Beyond the scope
9 of the notice. Go ahead and answer.

10 A Review things off of the program
11 statement on compassionate release.

12 Q When does someone qualify for
13 compassionate release?

14 MR. CHO: Objection to the form. Also
15 beyond the scope of the notice. You
16 can answer.

17 A I can only state to medical and I
18 wouldn't be able to quote it directly but it's
19 terminal for debilitating illness that means you
20 cannot do your daily activities on your own.

21 Q So if somebody doesn't have a terminal
22 or debilitating illness but they are at high risk
23 for death or serious illness for COVID that would
24 qualify them?

25 MR. CHO: Objection to the form.

**EXTRACTED PURSUANT TO "STIPULATION AND
ORDER FOR THE PROTECTION OF SICK-CALL
DOCUMENTS," Dkt. 46**

1 S. Vasquez

2 told us about Health Services seeing people
3 quickly.

4 Do you consider this individual's
5 complaint an emergent complaint?

6 A Yes.

7 Q Do you consider a complaint -- so does
8 this seem like a problem that he waited a week
9 and still had not seen anyone given his system?

10 MR. CHO: Objection to the form.

11 A There is no way of knowing that this
12 inmate waited a week. Many times we are told that
13 we reported it and we have no prior knowledge of
14 this. So if we received this today we would get
15 this inmate assessed as soon as we could based
16 off of what he wrote.

17 Q How do I know that?

18 MR. CHO: Objection to the form.

19 A I am sorry. I don't understand.

20 Q It was not a clear question. I
21 apologize.

22 How could I verify that?

23 MR. CHO: Objection to the form.

24 A That they were scene?

25 Q Well how could I verify -- you're

**EXTRACTED PURSUANT TO "STIPULATION AND
ORDER FOR THE PROTECTION OF SICK-CALL
DOCUMENTS," Dkt. 46**

**EXTRACTED PURSUANT TO "STIPULATION AND
ORDER FOR THE PROTECTION OF SICK-CALL
DOCUMENTS," Dkt. 46**

1 S. Vasquez

2 so yes it would have been an emergent complaint.

3 It looks like he was seen for it.

4 Q He say he is was referred to psych;
5 correct?

6 A That is what it says.

7 Q Do you think he was seen by a mental
8 health staff member or a medical staff member?

9 A If they were referring to psych it
10 would have been a health care medical staff
11 member because psych wouldn't refer to itself.

12 Q Is this particular request familiar to
13 you?

14 MR. CHO: Objection to the form.

15 A No.

16 Q I ask because it's from April 13 and
17 is a request in which someone claims to have
18 trouble breathing and getting oxygen?

19 A Okay.

20 Q You don't recall ever having heard
21 about this request?

22 MR. CHO: Objection to the form.

23 A Don't get notified of every inmate
24 does a test at MDC, no.

25 Q What about every inmate who says

1 S. Vasquez

2 they're having trouble breathing during the COVID
3 pandemic?

4 MR. CHO: Objection to the form.

5 A No, when they are locked in their
6 cells sometimes anxiety can play a part in this.
7 So no, I am not notified every time an inmate
8 complains of shortness of breath but we do assess
9 them.

10 Q Are there people in MDC with COVID but
11 the facility isn't aware of it?

12 MR. CHO: Objection to the form.

13 A Not that I am aware of.

14 Q But there might be?

15 MR. CHO: Objection to the form.

16 A Not that I am aware of.

17 Q On April 23 when my colleague came to
18 the MDC for the expert inspection you encountered
19 them and actually screened them upon entry to the
20 building?

21 A Correct.

22 Q At the time you were not wearing
23 gloves; is that correct?

24 A I did not touch them.

25 Q Can you answer my question please?

1 S. Vasquez

2 A No, I was not. I did not touch them.

3 Q So is it your position that health
4 care staff only wear gloves when they are going
5 to touch an inmate?

6 MR. CHO: Objection to the form.

7 A I don't understand what your question
8 is asking.

9 Q You told me that you didn't wear
10 gloves because you didn't touch them and I am
11 asking you only wear gloves when you're going to
12 touch a patient or an individual?

13 MR. CHO: Objection to the form. Go
14 ahead.

15 A I am taught as a health care staff
16 member that I need to wear gloves when I am
17 touching somebody to prevent their risk of
18 spreading things to me and my risk spreading
19 things to them.

20 I did however wash my hands with hand
21 sanitizer before and after that encounter but
22 again did not touch anybody.

23 Q Do you typically wear gloves around
24 MDC if you're not planning to touch anybody?

25 A No, I do not.

1 S. Vasquez

2 Q So you don't?

3 A I wash my hands and I use hand
4 sanitizer because it's bad infection prevention
5 to wear gloves every where.

6 Q Why is that?

7 A Because you're touching everything and
8 you're not trading your gloves out every time you
9 touch something.

10 Q Do you know why our expert and the
11 attorneys were required to wear gloves during
12 that inspection?

13 A I do not know, no. I don't.

14 MS. GINSBERG: That is all I have.

15 MR. CHO: Thank you, Betsy. We will
16 read and sign the transcript. Thank
17 you everyone. We will sign off not.

18 VIDEOGRAPHER: This concludes the
19 video deposition of Stacey Vasquez.

20 The time is 6:00. Off the record.

21 (Continued on next page to include jurat.)
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S. Vasquez

(Time noted: 6:00 p.m.)

STACEY VASQUEZ

Subscribed and sworn to before me

this day of , 2020.

NOTARY PUBLIC

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S. Vasquez

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-NONE-

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-NONE-

----- INFORMATION TO BE FURNISHED -----

-NONE-

----- RULINGS -----

-NONE-

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EXHIBIT 2

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

**DECLARATION OF CHANELLE
POWELL**

Chanelle Powell declares the following under penalty of perjury and pursuant to 28 U.S.C.
§ 1746:

1. My name is Chanelle Powell and I have been housed at the Metropolitan Detention Center (“MDC”) for almost two months. My Registration Number is 91270-053. I have been housed on Unit 3N.
2. I am 30 years old.
3. There are 33 people on my unit. New people last joined my unit on March 19, 2020.
4. We are housed in an open dorm. Our beds are spaced less than three feet apart from one another.
5. We share phones, email terminals, dining tables, and showers. The entire unit has been given only two bottles of diluted disinfectant spray. I am not able to disinfect the phone and keyboard before and after using it because the spray bottles are being used by other people.
6. We are required to purchase soap and other sanitary products through commissary. We are limited to spending \$50. There is not enough bar soap for everyone. I have been purchasing dishwashing soap as an alternative.
7. We were told in late March that we would receive new face masks every week. I have been given two face masks in the past thirty days. I did not receive a replacement mask last week. The masks are flimsy and not reusable.
8. We have not been provided gloves or hand sanitizer.
9. On April 2, 2020, Lieutenant Summerville brought me an incident form to file. He stood next to me while I completed it. He did not have on any gloves or a mask. I learned

from a correctional officer on April 17, 2020 that Lieutenant Summerville tested positive for COVID-19.

10. On April 13, 2020, I began noticing COVID-19 symptoms, including shortness of breath, fever, and headaches.
11. I submitted sick call requests through Corrlinks every day from April 13, 2020 to April 15, 2020.
12. I was seen by a nurse on April 17, 2020. I was not prescribed any medication responsive to my symptoms. Instead, the nurse said she was prescribing me medication for high blood pressure. I do not suffer from high blood pressure.
13. I asked the nurse for a COVID-19 test. She told me that they are not conducting tests in the facility.
14. I am scheduled for a follow-up examination on Wednesday 20, 2020. I was told the follow-up examination was not related to COVID-19, but to determine whether I have lupus. I have no family history of lupus, nor do I show any of the symptoms for lupus.
15. Several of the officers on my unit do not wear any personal protective equipment.
16. To my knowledge, the staff on my unit work on other units in a rotation.
17. I am scared because I do not know what is happening in my body. I have no way to find out if I have the virus or not. I do not want to die.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Chanelle Powell to
Chiraayu Gosrani of Federal
Defenders of New York


Chiraayu Gosrani

EXHIBIT 3

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF STEVEN
BYNUM

Steven Bynum declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Steven Bynum and I have been housed at the Metropolitan Detention Center ("MDC") since May 9, 2019. My Registration Number is 91608-053. I have been housed on 53 unit.
2. I am 38 years old.
3. There are 70 to 80 people on my unit. We are housed in double cells. We share phones, email terminals, tables to eat at, and showers.
4. I was last given soap a couple of weeks ago. There is a shortage of soap. I have asked for soap and been told, "It should be here Tuesday or Wednesday." I have asked for hand sanitizer and been told no, they don't give us that. About five weeks ago they gave us some pink stuff, but aside from that I have not been given cleaning supplies for my cell. I asked for cleaning supplies after my cellmate left with a high fever a few weeks ago. They said they would look into it, but never gave me any cleaning supplies.
5. I was last given a mask about a week ago, and before that about 2 weeks earlier. The regular blue paper ones, not washable. I have never been given gloves, only the CO's and orderlies get gloves.
6. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun). We're let out 3 days a week (M/W/F). Until last week it was for 30 minutes, now it's for 60 minutes.
7. At meal time, they were briefly bringing food to our cells, but now they let us out to grab our food and bring it back to our cells, 6 to 7 cells at a time. At the same time we are coming out to get our meals, they let people out to use the phones, the computers and the showers. So there are many people out at that time with no social distancing.

It is particularly crowded around the computer terminals, and I have seen many people coughing or sneezing on the keyboards and terminals. There is no cleaning of the phones or the email terminals between use. If you wanted to clean a phone or keyboard, there are no cleaning supplies you could use.

8. I experienced COVID-19 symptoms, and am pretty sure I had COVID-19. I had a headache, harsh stomach pain and shortness of breath. What concerned me the most was that I lost my sense of taste and smell for 17 days, I just got it back 2 days ago. I requested medical care throughout this time, and I also requested screening and testing for COVID-19. The only response I received was a nurse coming to my cell and taking my temperature. I reported my symptoms and requested to be tested for COVID-19 and to see a doctor, but the nurse told me I could not get tested or see a doctor because I did not have a fever and had not fainted .
9. My cellmate experienced symptoms around the same time. He had pain in his stomach, chest and back. He also had a 102 or 103 degree fever and extreme diarrhea, which was so bad that he discharged feces on the floor of our cell. After a couple of days, they moved him out of my cell. He did not return to my unit and ended up in Unit 43.
10. When someone on the unit is symptomatic, the only response is for a nurse to come to his cell and take his temperature. Nothing else is done unless the nurse determines that the person has a fever, in which case they take them off the unit. Aside from my cellmate, another person in my unit had a high fever and was taken out for about 2 weeks and then returned to the unit.
11. Overall, they are doing very little to protect us from getting sick. The common areas are not cleaned that often, and they are cleaned only by orderlies who do not have adequate supplies. The only area that is adequately cleaned is the shower area, and that's only because the orderly who is in charge of that is very particular.
12. The staff usually wears gloves and masks, but not always.
13. I have seen many staff members showing symptoms, including coughing and appearing to be very tired. Many of them complain to us that they are not feeling well and don't want to be here.

Executed on: April 21, 2020
Brooklyn, New York

As reported by Steven Bynum to
Kannan Sundaram

/s/ Kannan Sundaram

EXHIBIT 4

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF JUDIE
OLIVERA

Judie Olivera declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Judie Olivera and I have been housed at the Metropolitan Detention Center (“MDC”) for around one month and a half. I was transferred here from Hazelton. My Registration Number is 75936-054. I am housed on unit 3 North.
2. I am 42 years old.
3. I have a medical condition that makes me vulnerable to COVID-19.
4. There are 33 people on my unit. We are housed in an open dorm. Bunk beds are lined up right next to each other. In some places they alternate beds women are using with empty beds, but in some places women sleep right next to each other. I sleep around two feet away from the person closest to me.
5. I have been trying my best to sit as far as possible from everyone else in the unit, but we sleep two feet away from each other so there is no way to social distance. We are told to quarantine in our beds, and we are given only a half hour or an hour to move around the unit to shower, use the phones, and do whatever else we need to do. It is not enough time.
6. We do not have enough soap. The staff provides us with one bar of soap and two rolls of toilet paper every week, but that is not enough to last the whole week. Not everyone on the unit has money in their commissary to buy additional items. We do not have any hand sanitizer, although we have requested it. We have only two spray bottles of cleaning solution for the entire unit.
7. I do not currently have any COVID-19 symptoms.
8. There are three to four women on my unit who are sick. They have been complaining to staff and putting in sick calls. One woman on the unit cannot get out of bed because she is so sick. She is barely eating and has been sick for two weeks. The medical staff saw

her and said that she has COVID-19 but that they are not testing anyone at the MDC. The medical staff gave her no treatment.

9. There was an officer watching us overnight who had COVID-19. One morning around 7 a.m., I heard another officer talking about it on the phone and arguing that the unit had to be cleaned. I do not understand why they let that officer do the night watch. I have not seen officers showing symptoms but it is scary that the night officer had COVID-19 and I heard 17 staff members at MDC have COVID-19.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Judie Olivera to
Hannah Sotnick of Federal
Defenders of New York

/s/Hannah Sotnick
Hannah Sotnick

EXHIBIT 5

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF ROSA GOMEZ

Rosa Gomez declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Rosa Gomez and I am housed at the Metropolitan Detention Center (“MDC”).
2. I have been coughing and sneezing. I let staff know and they said they did not have any COVID-19 tests.
3. Someone else on the unit in close proximity to me has been sick for the last two weeks with several COVID-19 symptoms.
4. I am in an open dorm. Staff has told us that we need to stay in our beds and that we cannot move around.
5. I have depression and mental health issues, and it is really difficult to deal with everything that is going on.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Rosa Gomez to
Hannah Sotnick of Federal
Defenders of New York

/s/Hannah Sotnick
Hannah Sotnick

EXHIBIT 6

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF JASON
MABRY

Jason Mabry declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Jason Mabry and I have been housed at the Metropolitan Detention Center (“MDC”) since October 22, 2019. My Registration Number is 92006-053. I have been housed on Unit 43 for several months.

2. I am 33 years old.

3. I am not sure how many people are on my unit. We are housed two men to a cell. We share telephones, approximately 4 computer terminals, and 5 working showers.

4. I do not recall ever seeing spray bottles around the computers or in the showers.

5. Because we are on lockdown, we are only permitted out of our cells three times each week. We are supposed to receive one full hour outside of our cell on each of those three days. However, we frequently do not get the full hour. Sometimes we are only permitted out of our cells for 40-50 minutes.

6. In those 40 minutes to an hour, we have to contact our families by phone and email, as well as take showers.

7. The COs usually allow 14 individuals out of their cells at a time for access to showers, phones, and email.

8. During the short period that 14 of us are allowed out of the cells, there is crowding around the limited phones, computers, and showers. We often have to decide whether to use the time to take a shower or contact family. I have family who are sick and contacting my family is my priority on certain days.

9. Because we are all anxious to use the same phones, computers, and showers during a short time period, there are lines and we use the phone and computer one right after the other.

10. Orderlies clean up the unit once in a blue moon. They have spray bottles and gloves. We have bottles we are allowed to fill up with pink stuff occasionally to clean our cells.

11. Some of the COs wear masks and gloves and others do not. I have seen COs coughing and exhibiting symptoms of the virus.

12. There appear to be fewer COs than usual and everything is taking a little bit longer.

13. The food portions are smaller than usual and our nutrition is suffering. We used to spend commissary money to supplement the food that we are provided. But our commissary spending has been limited to \$50 per week on hygiene products and so our nutrition has been affected.

14. There are others on my unit who I worry about. There are old people and people with health problems.

15. We are provided one bar of soap each week. I have never been provided hand sanitizer and I have never asked for any. I do not believe I should have to ask for things they should be providing for safety.

16. We are provided one mask per week. I have received two masks so far. I have never been provided gloves.

17. We have been locked down since approximately March 11, 2020 (I cannot recall the exact date). This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and all but one hour (or less) on Mondays, Wednesdays, and Fridays. It feels like we are being punished and put in the box. It is mentally stressful and difficult.

18. In late February and early March, I was very sick with chills, coughing, stomach aches, and headaches. I did not see a doctor.

19. I have been extremely scared throughout this time period. I have been getting chest pains and head pains and I'm not sleeping. We feel like we're supposed to get out some day but now we might be doing a life sentence. I am scared and I am not sleeping.

Executed on: April 28, 2020
Brooklyn, New York

As reported by Jason Mabry to
Benjamin Silverman

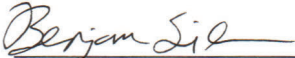

Benjamin Silverman

EXHIBIT 7

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF
JERMAL DIXON

JERMAL DIXON declares the following under penalty of perjury and pursuant to 28 U.S.C.
§ 1746:

1. My name is JERMAL DIXON, and I have been housed at the Metropolitan Detention Center ("MDC") since on or about February 13, 2020 when I was transferred from MCC. My Registration Number is 55002-054. I have been housed on Unit 43 since my arrival at MDC except for a few days in Unit 41 for intake and processing at the beginning of my time at MDC.
2. I am 43 years old.
3. I have no serious underlying medical conditions.
4. There are about 120 people on my unit in two tiers, upper and lower. We are housed in two man, or double cells. Everyone shares phones and email terminals in the common areas. Each tier has 5 showers.
5. New people are brought in from Unit 41, the intake Unit and also new inmates from other Units that were in SHU, every couple of days, including in the past few days. Even new people from other institutions are brought into Unit 43 after intake.
6. We are now allowed commissary. We get soap and toilet paper every ten days. They just started giving cleaning supplies again. We are supposed to get two rolls of toilet paper a week but we only get one. There is no hand sanitizer.
7. Cleaning supplies are short supply. They put it out in the common area, if you don't get to it in time, you don't get any. It is a pink solution. I don't know what is in it. No sponges. Just the pink solution. Sometimes once a month bleach.
8. We were given masks just starting a week ago. No gloves. We will get one mask every week. A blue cotton/paper type cloth. Cannot be washed. We did not get gloves.

9. We have been locked down since March 13, 2020. Before that we were locked down for a few days, then they let us out for a few days, then locked down again. They told us 14 days then they extended it. This means I am in a small double cell with my cellmate for 24 hours a day 7 days a week. We are allowed out for 40 minutes to one hour three days a week, Monday, Wednesday, and Friday. In that one hour you have to shower, do emails, use the phone. We get no "rec." time. We get no law library time. The food is brought to the cells. Sometimes it is hot, sometimes it has gotten cold. Sometimes we get hot water for tea or coffee, sometimes no.
10. On social distancing, pill line meds are brought to the cell, my cellmate gets them. No social distancing is possible in the time outside the cell, or inside either. When outside in the common areas, some people wear masks, some do not. Social distancing is impossible. The orderlies clean the phones and email terminals sometimes but sometimes they do not. It is hit or miss. There are no cleaning supplies near the email terminals or phones.
11. Symptoms: I think I caught it (the virus). I was real sick 2 times. I had headache, fever, I was cold and shaking. This happened when I was at MCC and again when I was here at MDC. I only realize now, looking back that I may have had the virus. I thought it was a bad cold. I did not get any medical care. There are guys asking for months to get tested, they just do not test for the virus. The staff does not take temperatures at all. They do not check oxygen levels.
12. My cellmate was sick for a long time, with coughing, and shaking, for about a month until he got over it.
13. If you complain you feel sick, the staff just leave you in the cell and tell you deal with it. You have to really scream and yell to get medical attention.
14. Orderlies and cadre come into the Unit to take garbage out and deliver commissary on a regular basis. Only sometimes are these orderlies wearing masks.
15. For a while there was a lot less staff around, now there are more.
16. The staff just started wearing masks. Its optional. Some do not wear them. They do not wear gloves.
17. I have seen staff coughing a lot. They leave when they start coughing then come back a few days later.
18. I think that staff members are working on more than one unit.
19. They just opened up laundry service again. We went a month without any laundry, when we could only wash clothes in the sink in the cell.

Executed on: April 28, 2020
Savannah, Georgia

As reported by JERMAL DIXON to AVROM ROBIN, ESQ.



AVROM ROBIN, ESQ.
Attorney for Jermal Dixon
Law Offices of London & Robin
99 Park Ave. Suite 2600
New York, NY 10016
avrom@mindspring.com

EXHIBIT 8

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF ELODIA LOPEZ; and JAMES
HAIR,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

**DECLARATION OF DERRILYN
NEEDHAM**

I, Derrilyn Needham, declare under penalty of perjury and pursuant to 28 U.S.C. § 1746 that the following information is true and correct:

Inmate Housing Conditions at MDC

1. I have been incarcerated at MDC Brooklyn ("MDC") since November 19, 2019.
2. Since that time, I have lived in dorm style housing at MDC, along with approximately 30 other women.
3. We sleep in bunk beds approximately 2 to 3 feet apart. After the facility went into lockdown for COVID-19, we were told to alternate top and bottom bunks. We are all doing that, but it is still difficult to maintain a 6-foot distance from each other, when we are getting in and out of bed and during the count.
4. We eat at small, communal tables, seated close to each other.
5. We share phones, computer terminals, showers, and bathrooms. We clean these ourselves.

We also do our own laundry in our unit. I do the laundry for many of the people on the unit, which means I am handling everyone's bedding and pillow cases.

6. From Monday April 20, 2020 through Thursday, April 23, 2020, we were on "lockdown" on our bunk beds, not able to leave our bunks except to use the bathroom or shower. On Wednesday, they let us off in groups for an hour to make phone calls and send emails. This lockdown was put in by the Assistant Warden and our unit manager. They said we were complaining too much to the lawyers about how the open dormitory made it hard for us to keep a safe distance from each other, so we would have to just sit on our bunks.
7. On, Friday, April 24, 2020, they said this lockdown was over. I don't know why. All of us share the common areas again. We try hard to stay safe, but it is hard when we all use the same items.
8. Staff regularly comes into our unit from other units as well.

Available Personal Protective Equipment and Cleaning Supplies

9. We have been given masks, but we cannot use them at all times when we are within six feet of each other: for example, when we are eating or sleeping.
10. As of April 28, 2020 we were informed that we will be receiving one mask per day. Prior to that, starting in early April, we received one mask per week.
11. We have not been given gloves, with the exception of those of us who are inmate orderlies. The orderlies receive large yellow cleaning gloves in order to clean our unit.
12. Those of us who prepare food must wear masks, but are given no additional protective equipment, such as gloves, for food preparation.
13. We receive one bar of soap per week from MDC.
14. We do not have hand sanitizer or disinfectant wipes.
15. We have received several bottles of cleaning solution with which to clean our dormitory area, but the liquid in the bottles seems like it is diluted.
16. Our dormitory area was sprayed by an outside person with what I assume was a disinfectant solution on Friday, April 24, 2020. The spraying was in the common area, but the bathrooms and our bunk areas were not sprayed.
17. Until recently, the staff on our unit did not wear masks. Now, most staff do, but not all the time. They do not wear gloves.

My Medical Conditions and Symptoms Consistent with COVID-19

18. I suffer from vertigo, and have been diagnosed with Raynaud's Disease, a blood vessel disorder. I believe I may also have sleep apnea because I am often gasping for breath in my sleep. A doctor told me that I may be experiencing panic attacks during my sleep.
19. For the past approximately three weeks I have been experiencing symptoms consistent with COVID-19, including lost sense of taste, extreme fatigue, chills, cough (especially at night), trouble breathing, and weight loss of approximately 11 pounds in the past ten days. My symptoms have continued to get worse.
20. Last Monday, April 20, 2020, MDC staff including Assistant Warden Flowers conducted a townhall meeting to inform my unit that we were going to be on lockdown, as I described above.
21. At that meeting, in the presence of both staff and my fellow prisoners, I asked to be tested for COVID-19 and explained all my symptoms. Assistant Warden Flowers told us that there would be no testing at MDC.
22. I offered to pay for my own test, but Assistant Warden Flowers still told me that I could not be tested.
23. I have repeatedly asked MDC staff for medical care, both in writing and verbally. I just don't feel right.
24. On Friday April 24, 2020, after still having not received medical care, my lawyers wrote to Judge Pauley to ask that I receive care.
25. On Monday April 27, 2020, I received a visit from Physician's Assistant Duncan.
26. I described my symptoms and requested a COVID-19 test from the Physician's Assistant. She did not test me. Instead she asked me why I would want a test now. She said I have had my symptoms for so long and been around everyone on the unit. She also asked me what difference it would make, and told me to imagine the panic that I would cause on the unit, if I tested positive.
27. After performing an exam that included looking in my nose and throat, taking my blood pressure and listening to my chest with a stethoscope, the Physician's Assistant offered me some lemon juice and medication to help with my breathing.
28. The Physician's Assistant also took my temperature but did not tell me what it was.
29. I also told the Physician's Assistant that I was particularly scared I might have COVID-19 because I had been in close proximity to a Lieutenant who works on our unit before he tested positive and stopped coming.

30. I have also heard from one of the COs that works on our unit that a couple weeks ago he called the facility before he was supposed to come to work and told them that he was experiencing symptoms consistent with COVID-19. He was told to come to work unless he had a fever. This CO works on my unit every Friday. Last Friday, April 24, 2020, was the first time I have seen him wear a mask. Prior to that, I have seen him on our unit not wearing a mask or any other personal protective equipment.
31. After my visit with the Physician's Assistant, I sent a follow-up email, also on April 27, 2020, again requesting a test for my peace of mind.

MDC's Actions Put Me and Others at Grave Risk

32. Another woman living in my dormitory has also been experiencing COVID-19 symptoms, such as body aches and cough. She has asked for medical care too, but has not received any.
33. I fear that both she and I have undiagnosed cases of COVID-19.
34. I also fear, given that it is impossible to socially distance in our unit, that she and I have or will pass the disease on to other prisoners here, or to guards. I know there are women on my unit who have some factors that could make them vulnerable to COVID-19. We are all scared in here.
35. Without a test, I can't get any medical attention I might need, but I could also be endangering others. I don't want to do that.

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED this 28th Day of April, 2020.

Reported to Deirdre D. von Dornum of Federal
Defenders of New York by Derrilyn Needham

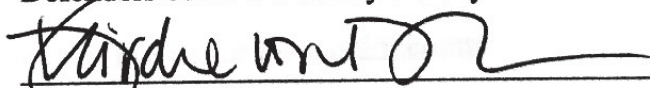

Deirdre D. von Dornum

EXHIBIT 9

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

**DECLARATION OF ROBERT L.
COHEN, M.D.**

I, Robert L. Cohen, M.D., declare under penalty of perjury and pursuant to 28
U.S.C. § 1746:

I am board-certified medical doctor in the field of internal medicine and an expert in the field of Correctional Medicine. I have 35 years of experience in correctional medicine. I have served as a federal and state court-appointed monitor in cases regarding the provision of medical care in prisons and jails in Washington, D.C., Philadelphia, Michigan, New York, Ohio, Connecticut, and Florida. I served as a member of the Board of the National Commission for Correctional Health Care for seventeen years, representing the American Public Health Association. I have served as an appointed member of the New York City Board of Correction since 2009. The Board of Correction is a nine-member independent board which oversees the New York City Department of Correction (“DOC”) and has rule making authority. As Director of the Montefiore Medical

Center for Rikers Island Health Services, I supervised and was responsible for the provision of medical and mental health services for more than 13,000 prisoners in the New York City jails, and oversaw a medical staff of approximately 500 physicians, mid-level practitioners, registered nurses, licensed practical nurses, psychiatrists, psychologists, social workers, pharmacists, laboratory technicians, administrative and clerical staff. I have published extensively on health care in corrections settings.

I served as the Vice President for Medical Operations of the New York City Health and Hospitals Corporation, reporting directly to the President with responsibility for clinical services, including nursing, physician care, ambulatory care, and quality assurance for New York City's eleven hospital public health care system. I served as Director of the AIDS Center of St. Vincent's Hospital, located in Greenwich Village, New York.

I retired from the clinical practice of Medicine in November 2016. I maintain by NYS License and Internal Medicine Board Certification.

1. All of my opinions expressed herein are opinions to a reasonable degree of medical certainty.

2. physicians. I have worked on Rikers Island as the Director of the Montefiore Rikers Island Health Services, served as the Vice President for Medical Operations of the NYC Health and Hospitals Corporation, and as the Director of the AIDS Center at St. Vincent's Hospital. He has served as a Federal Court appointed monitor overseeing medical care for prisoners in Florida, Ohio, New York State, Michigan, and Connecticut.. Dr. Cohen received his undergraduate degree from

Princeton, his MD from Rush Medical College in Chicago, and trained in Internal Medicine at Cook County Hospital.

3. I submit this declaration in support of Petitioners' request for a Temporary Restraining Order in the above-captioned case.

4. In my capacity as member of the New York City Board of Correction, I have been in regular contact with the City of New York and the New York City Department of Correction ("DOC") regarding its response to to COVID-19 pandemic.

5. Based on information provided to me in my capacity as member of the New York City Board of Correction, it is my understanding that DOC is testing all symptomatic people in DOC custody. Any symptomatic person is kept in quarantine as a cohort with other symptomatic people awaiting test results.

6. In addition, it is my understanding that DOC also tests asymptomatic people who have been exposed to anyone with a confirmed positive COVID-19 test result. I have not been informed of what criteria DOC is using to determine which asymptomatic people to test.

7. In my opinion, testing symptomatic people and asymptomatic people who have been exposed to people who have a confirmed positive COVID-19 test result is necessary to ensure the health and safety of incarcerated people, because unlike nonincarcerated people, one cannot self-quarantine while incarcerated.

Executed on: March 30, 2020
New York, New York

/s/
Robert C. Cohen, M.D.

EXHIBIT 10

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF WILLIAM
FINCH

WILLIAM FINCH declares the following under penalty of perjury and pursuant to 28 U.S.C.
§ 1746:

1. My name is William Finch and I have been housed at the Metropolitan Detention Center (“MDC”) since January 28, 2020. My Registration Number is 57713-053. I have been housed on K83 unit.

2. I am 47 years old.

2-3. I have the following medical conditions: Heart disease (weakened heart muscle), hypertension and asthma. I also suffer from depression and bipolar disorder, for which I am prescribed medication. I have chronic back pain from a car accident which resulted in spinal fusion surgery in 2017.

3-4. There are about 100 people on my unit. We are housed in double cells. We share phones, email terminals, tables to eat at, and showers. The unit across from my unit is a cadre unit and it has been quarantined.

4-5. New people last joined my unit last Monday.

5-6. I am given soap once a week, and was last given soap last Monday. I am not provided with hand sanitizer.

6-7. There is a shortage of cleaning supplies for my cell. I have asked for more, but their response is that they will provide them on only on Mondays, Wednesdays and Fridays.

7-8. I was given a mask last week. It was made of paper and not washable, and no replacements are being offered. I have not been given gloves.

8-9. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out for 60 minutes a day 3 days a week (M/W/F)

9.10. Pills and meals are served in my cell. When we are let out to make phone calls, we are let out in groups of up to 8 people to use 4 phones, and we are not supervised in any way. The email terminals are open for use, with no regulation. There is no cleaning of phones, email terminals between use, and we could not clean the phones or keyboards if we wanted to.

10.11. I have been having chest pains along with shortness of breath and numbness in my limbs. I have an inhaler which I use about 4 times a week for shortness of breath. In February I saw a doctor and was given an EKG. I was supposed to see a doctor again, but have not despite several requests for sick calls. Two weeks ago a nurse came to my cell. She asked me some questions but did not take my pulse or my temperature or do anything else. She asked me to rate my pain on a scale of 1 to 10. I told her it was a 10 and felt like someone was squeezing my chest. I requested aspirin but she refused. I put in another written sick call request today by corrlinks. I am very afraid about getting COVID because of my asthma and heart condition and also worried I will get a heart attack or stroke if I don't see a doctor very soon.

11.12. My cellmate has a runny nose, cough and sore throat. He has not received any medical attention.

12.13. The sick call buzzer does not seem to work. I have pressed it repeatedly when I have had chest pain, and received no response. I have seen one person taken off the unite because they were sick. He was brought back 2 weeks later.

13.14. Orderlies get the garbage and put it outside the cell, where it gets picked up by Cadres. Orderlies wear masks and clean the common areas once a day.

14.15. There is still a night officer.

15.16. The staff wear surgical masks and gloves.

Executed on: April 20, 2020
Brooklyn, New York

As reported by William Finch to
Kannan Sundaram of Federal
Defenders of New York

/s/ Kannan Sundaram

EXHIBIT 11

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF KAWAIN
NELSON

KAWAIN NELSON declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is KAWAIN NELSON and I have been housed at the Metropolitan Detention Center ("MDC") since August 2018. My Registration Number is 09238-015. I am currently housed on unit G-42.
2. I am providing this declaration verbally to my attorney, Florian Miedel
3. I am 33 years old.
4. There are approximately 120 people on my unit. We are housed in double cells.
5. Since March 13, 2020, we have been locked in our cells for 24 hours a day. Our meals are given to us through the slot in our cell doors. This lockdown, we are told, will continue at least through May 18, 2020.
6. For three random one-hour periods per week, about 16 people at a time, we are allowed to leave our cells to take showers, use email and the phones. Orderlies clean the phones and computer terminals perhaps 2-3 times a day, but not after every usage.
7. New people are continually joining the unit. During the last two weeks, at least a dozen new people have come into the unit.
8. Soap and other hygiene products are primarily available through commissary. For those who don't have commissary, soap is sporadically available. There is no hand sanitizer available.
9. Cleaning supplies for our cells are sporadically provided. There is no consistency to how or when we get such supplies.
10. This week I was given a face mask for the first time – a medical mask made from some kind of paper. We were told that we would receive one mask per week.

11. This week, I experienced some symptoms of illness, including feeling hot and having trouble with breathing. These symptoms lasted about 3 days. I had some flu medication in my cell from commissary that I used to treat my symptoms. I feel better now. There was no one to tell about my condition because the symptoms coincided with being under complete lockdown and I was not released from my cell during that time.
12. The sick buzzers do not appear to work because people generally bang on their cells to try to get medical attention.
13. No one has ever taken my temperature during the last six weeks.
14. People in the unit have shown symptoms consistent with COVID, and those people are taken off the unit. There is currently an elderly man who is bleeding profusely from his nose. He is not getting any assistance.
15. The lockdown has been extremely claustrophobic and anxiety producing. I feel like my mental health is suffering.

Executed on: April 24, 2020
Brooklyn, New York

As reported by Kawain Nelson to his
Attorney, Florian Miedel



Florian Miedel
Attorney for Kawain Nelson
MIEDEL & MYSLIWIEC LLP
80 Broad Street, Suite 1900
New York, New York 10004
(212) 616-3042
fm@fmamlaw.com

EXHIBIT 12

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF
YASSER ANDRE PLATT

YASSER ANDRE PLATT declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is YASSER ANDRE PLATT and I have been housed at the Metropolitan Detention Center ("MDC") since December 2, 2019. My Registration Number is 83712-053. I have been housed on 42 unit.
2. I am 40 years old.
3. I have the following medical conditions: eczema, and severe back pain
4. There are people 120 on my unit. We are housed in double cells. We share phones, email terminals, showers
5. New people last joined my unit on Wednesday, April 22, 2020.
6. We have no hand sanitizer on the Unit.
7. The disinfectant provided on the unit is not always available
8. Approximately 2 weeks ago, I was provided with a disposable surgical style mask for the first time. We are now provided with 1 mask per week. I have not been provided with gloves.
9. We have been locked down since April 1, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun). When the lockdown initially began, we were let out for 30 minutes a day 3 days a week (M/W/F); As of last week we are now allowed out for 1 hour a day 3 days a week.
10. We are served our meals in our cells. To make telephone calls, shower and use email, we are allowed out of our cells in groups of 10. There is no guidance regarding social distancing. There are only 3 telephones on the unit, so it is necessary to line up to use the telephones. The telephones and email terminals are not cleaned between users.

11. Although I've requested medical care on a number of occasions, the response has been delayed. When medical staff did respond to my request for medical treatment for my eczema, I was not physically examined. The medical staff stood outside my cell door and spoke with me through the window while my cellmate was present. I also suffer from chronic severe back pain, and had been receiving physical therapy. My physical therapy was discontinued during the lockdown. The only treatment I have received for my pack is ibuprofen for pain.
12. My cellmate suffers from chronic asthma, his name is Lashawn Fields, Register Number 92299-053
13. When people on the unit become ill, they are removed during the middle of the night, when everyone is sleeping. Garbage is collected less frequently. I have not had my temperature or oxygen levels checked
14. I've notice that there are fewer corrections officers on the unit. The officers rarely wear masks or gloves.
15. On the day the lockdown began, there was an officer on the unit who appeared to be ill and was coughing.
16. The officers currently on the unit appear to be new. I heard there were 18 officers who tested positive.
17. The officers on the unit are not using protection, they touch the doors to our cells with their bare hands. The meal portions have been smaller and we are not given enough food to eat during regular meals. We are only allowed to purchase \$50 worth of items from commissary every two weeks. This is not enough to purchase necessary clothing, hygiene products and the food I need to supplement the insufficient meals.
18. The vents are constantly blowing cold air under 50 degrees.
19. We are treated as if we are being punished, rather than as if on a medical lockdown.

Executed on: April 28, 2020
New York, New York

As reported by Michelle A. Gelernt



Counsel for Yasser Andre Platt

EXHIBIT 13

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend MIGDALIZ
QUINONES; and JUSTIN RODRIGUEZ, by his
Next Friend JACKLYN ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF RAMEL
PIERSON

Ramel Pierson declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Ramel Pierson and I have been housed at the Metropolitan Detention Center (“MDC”) since March 11, 2020. My Registration Number is 92318-054. I have been housed on G42 unit.
2. I am 30 years old.
3. I have asthma for which I am prescribed an inhaler.
4. There are 128 people on my unit. We are housed in double cells. We share phones, email terminals, tables to eat at, showers, toilet and sinks.
5. New people last joined my unit on April 27, 2020.
6. I am receiving soap once a week. Usually we get toilet tissue two times a week but now we are getting it once a week. Normally they give us soap every time they give us toilet paper but now it’s less often.
7. I have asked for asked for hand sanitizer but they said they don’t have any.

8. They provide us cleaning supplies for our cells about once every two weeks.
9. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out for 60 minutes a day 3 days a week (M/W/F). From April 1- April 14 we were only let out for about 30 minutes each time but now it is closer 60. However, they have removed the clocks from the walls so we can't be sure we are being let out for the full 60 minutes.
10. When we are let out to use phones and computers no one cleans the phones or computers between use.
11. In order to put in for a sick call we are supposed to write on a piece of paper and put it under the front of the cell. The problem is when we do that usually no one comes.
12. For a few weeks in March 2020 I was in the Special Housing Unit ("SHU") for self protection. I was kept in what I believe was the "West SHU" which is like a dungeon. I had no cell mate.
13. Officers rarely checked on me. When I called for them sometimes they did not come.
14. I was never given soap while in the SHU.
15. When my attorney came to visit me the morning of March 13, 2020 it took officers around an hour to let her out after our meeting. She buzzed 4-5 times and no one came.
16. On March 19, 2020, I had court and when I asked the officer in the SHU why I was not being taken he told me "the Marshals didn't want me" so I was not taken to court.
17. My lawyer later told me that the government informed the court that I refused to leave my cell. This was not true.
18. On March 26, 2020, I informed my lawyer that the officers were coughing a lot and not wearing masks and that medical would not give us masks. Many officers did not wear gloves but when some officers did they touched everything with the same pair and then used the

same dirty pair when searching us. I noted that we were not getting checked on a regular basis to find out if anyone was infected and that I believed we were bound to get infected. I said I didn't think I would make it out of the MDC without catching the virus or dying.

19. On March 30, 2020 I informed my lawyer that a lot of people had coronavirus symptoms but that they only took the temperatures of some inmates who they thought had the virus. After taking their temperatures, they returned these inmates to the unit where we were all exposed to them. I noted that it seemed like a lot of officers were out, that the ones working were doing double shifts and a lot were coughing. I noted that they only sometimes wore masks and gloves, and that they wore the same gloves all the time. I said that whenever we asked for masks we were not given them.
20. On March 31, 2020, I informed my lawyer that we were getting raw food and spoiled milk.
21. On April 3, 2020 I informed my lawyer that my cellmate thought he had the covid19 and that he kept asking for medical but that they wouldn't give it to him. Even though he was sick they kept him in the cell with me and did not care that he could infect me.
22. Since I did not have enough money in my commissary at times the only way I could email was because my lawyer put money in my account because corrlinks costs money. Also the computers glitch a lot so we lose money that way.
23. No one takes our temperature or checks our oxygen levels.
24. I have noticed there are fewer staff around. Some are wearing gloves and masks but others don't. Instead of wearing protective medical gear many officers are wearing full body armor.
25. Many officers are still coughing. I noticed one who seemed sick but he hasn't been back.
26. On April 29, 2020 I had a legal call with my attorney. When guards were bringing me down for the call, officer B Price threatened to slam me on the head because I refused to sign a

form indicating when masks were provided. I did not wish to sign the form because it didn't contain accurate information.

27. During the legal call, I was in fear for my physical safety because I could overhear the officers outside the counselor's room talking about hurting me. One of the officers said he "liked" the room because there were no cameras. These officers were from USP Canaan, a high security penitentiary and told me I "wouldn't last" at USP Canaan.
28. Though I was provided with a 30 minute call and my sentencing is tomorrow I ended the call early when I noticed one of the guards had left as I believed this would help my chances of making it back to my cell safely.
29. I have been at the MDC since March 11, 2020 and have been scared for my life due to the coronavirus. I am afraid I am going to die in jail.

Executed on: April 29, 2020
New York, New York

As reported by Ramel Pierson to Carla Sanderson

A handwritten signature in cursive script, appearing to read "Carla Sanderson".

Carla Sanderson

EXHIBIT 14

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF VICTOR
SOJOS-VALLADARES

Victor Sojos-Valladares declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Victor Sojos-Valladares and I have been housed at the Metropolitan Detention Center ("MDC") since August 23, 2019. My Registration Number is 91837-053. I had been housed on Unit 72 until I was taken to isolation on April 15. I am still in isolation.
2. I am 30 years old.
3. I have no physical medical conditions.
4. We were locked down since March 13, 2020. This means I was in a small double cell with my bunky for 24 hours a day every day except for when we were let out of our cells for 60 minutes a day which was on Monday, Wednesday and Friday.
5. A week before April 15, I started to not feel well. It started with headaches. My bunky was sick during this time. Medical came in to take his temperature and left without telling us if he had any fever. I would ask the person from medical to take my temperature because I was feeling so sick, but the person didn't do it. They took my temperature once before I was feeling sick and I didn't have any fever so they didn't test again. When we pushed the buzzer for medical, a guard would come and ask what we wanted. When I said I was sick, they said they would tell medical but medical never came. Every day I got sicker. I started to have a lot of trouble breathing. I got so desperate I decided to start refusing to eat. I turned away my dinner tray on April 14 and my breakfast and lunch tray the next day. Finally, after lunch time they took my temperature and my bunky's, and then tested me for the virus. After that, they took me to isolation. My bunky ended up coming to quarantine later the same day I did. I am still in isolation.
6. I asked to call my family and my lawyer but I never got to use a phone to call them.

7. I am starting to feel better.
8. There are 120 people on Unit 72. We are housed in double cells. We share phones, email terminals, and showers.
9. New people last joined my unit the Friday before I went into quarantine
10. I got a bar of soap every week and I got a mask while I was still in my cell but I didn't get any cleaning supplies for my cell.

Executed on: April 27, 2020
Brooklyn, New York

As reported by Victor Sojos-
Valladares to Randi Chavis

A handwritten signature in blue ink that reads "Randi L. Chavis". The signature is written in a cursive, flowing style.

Randi L. Chavis, Esq.

EXHIBIT 15

Page 1
April 27, 2020

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----x
HASSAN CHUNN; NEHEMIAH McBRIDE; AYMAN RABADI,
by his Next Friend MIGDALIZ QUINONES; JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN ROMANOFF;
ELODIA LOPEZ; and JAMES HAIR, individually and on
behalf of all others similarly situated,

Petitioners(s),

Civil Action No.
20 Civ 1590

-against-

WARDEN DEREK EDGE,

Respondent(s).

-----x

April 27, 2020
9:38 a.m.

VIDEOTAPED and VIDEO CONFERENCED
EXAMINATION BEFORE TRIAL of Witness for
Respondent MILINDA KING, pursuant to Notice,
before Laura B. Lowenthal, a Notary Public within
and for the State of New York.

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A P P E A R A N C E S:

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UNITED STATES ATTORNEYS OFFICE, EASTERN NEW
YORK
Attorneys for Respondent(s)
271 Cadman Plaza East
Brooklyn, New York 11201

BY: JAMES R. CHO, ESQ.
E-Mail: james.cho@usdoj.gov
HOLLY PRATESI, Bureau of Prisons

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ALSO PRESENT:

SHERECK VIDEO SERVICES, INC.

Videographer

BY: DAVID J. SHERECK

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STIPULATIONS

IT IS HEREBY STIPULATED AND AGREED by
and between the attorneys for the respective
parties herein, that filing and sealing be and
the same are hereby waived.

IT IS FURTHER STIPULATED AND AGREED
that all objections, except as to the form of the
question, shall be reserved to the time of the
trial.

IT IS FURTHER STIPULATED AND AGREED
that the within deposition may be sworn to and
signed before any officer authorized to
administer an oath, with the same force and
effect as if signed and sworn to before the
Court.

oOo

1
2 VIDEOCONFERENCE STIPULATION

3
4 IT IS HEREBY STIPULATED AND AGREED by
5 and between counsel for all parties present that
6 pursuant to the CPLR section 3113(d) this
7 deposition is to be conducted by video
8 conference, that the court reporter, all counsel,
9 and the witness are all in separate remote
10 locations and participating via videoconference
11 (LegalView/Zoom) meeting under the control of
12 Lexitas Court Reporting Service, that the officer
13 administering the oath to the witness need not be
14 in the place of the deposition and the witness
15 shall be sworn in remotely by the court reporter
16 after confirming the witnesses identity, that
17 this videoconference will not be recorded in any
18 manner and that any recording without the express
19 written consent of all parties shall be
20 considered unauthorized, in violation of law, and
21 shall not be used for any purpose in this
22 litigation or otherwise.

23 IT IS FURTHER STIPULATED that exhibits
24 may be marked by the attorney presenting the
25 exhibit to the witness, and that a copy of any

1
2 exhibit presented to a witness shall be e-mailed
3 to or otherwise in possession of all counsel
4 prior to any questioning of a witness regarding
5 the exhibit in question. All parties shall bear
6 their own costs in the conduct of this deposition
7 by videoconference, notwithstanding the
8 obligation by CPLR to supply a copy of the
9 transcript to the deposed party by the taking
10 party in civil litigation matters.
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M. King

VIDEOGRAPHER: We are on the record.
The time is approximately 9:38 a.m.
Today's date is Monday, April 27,
2020. This is the video deposition of
Milinda King in the matter of Chunn
versus Warden Derek Edge, Index Number
is 1:20-cv-01590 in the United States
District Court Eastern District of New
York.

My name is David Shereck, certified
legal videographer with Lexitas Deitz
of Rockville Centre, New York. This
deposition is being conducted via
Webex.

Will counsels please voice identify
yourselves and state whom you
represent.

MS. KATOVICH: This is Scout Katovich
and I represent petitioners.

MS. GINSBERG: Betsy Ginsberg for
petitioners.

MS. LYLE: Noelle Lyle from Debevoise
& Plimpton and I represent
petitioners.

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M. King

MS. CALERO: Melanie Calero from
Debevoise & Plimpton representing
petitioners.

MR. CHO: This is Dave Cho with the
U.S. Attorney's Office on behalf of
the Respondent and I am also here with
Holly Pratesi with the Bureau of
Prisons and of course our witness
Associate Warden Milinda King.

VIDEOGRAPHER: Thank you.
The court reporter today is Laura
Lowenthal also with Lexitas. Will you
please swear in the witness.

M I L I N D A K I N G,
called as a witness, having been first duly
sworn by a Notary Public, was examined and
testified as follows:

MR. CHO: Miss Katovich, before you
get started may I note a few things
for the record?

MS. KATOVICH: Sure, go ahead.

MR. CHO: I do want to note that we
have attorneys from Debevoise &
Plimpton on the record here for the

1 M. King
2 deposition. It is my understanding
3 that they personally have not filed a
4 Notice of Appearance yet. I do want
5 to note for the record that rule 30.3
6 governs who is able to participate in
7 deposition. So I just do want to note
8 that for the record that they have not
9 filed appearances yet personally.
10 The second thing I want to note that
11 this notice is pursuant to rule
12 30(b)(6) and Miss King will be
13 testifying about those items for which
14 she has been designated. To the extent
15 that she testifies about things beyond
16 the scope of the deposition notice
17 that will be in her own individual
18 capacity. That's all. Thank you,
19 Scout.

20 MS. KATOVICH: Thanks James.
21 (Whereupon, Petitioner's Exhibits
22 1-33, various documents, was marked
23 for identification.)

24 EXAMINATION BY

25 MS. KATOVICH:

1 M. King

2 Q Can you please state your full name
3 for the record?

4 A Milinda King.

5 Q Can you please state your current work
6 address for the record?

7 A I work at 80 29th Street, Brooklyn,
8 New York 11232.

9 Q Good morning, Warden King. Thank you
10 for your patience this morning. I know this is
11 new for all of us and I really appreciate you
12 making yourself available.

13 Can you just briefly state your full
14 name and work address again for the record?

15 A Can you repeat that? I heard full
16 name.

17 Q Full name and work address for the
18 record?

19 A Milinda King, 80 29th Street,
20 Brooklyn, New York 11232.

21 Q As I explained, my name is Scout
22 Katovich. I represent the petitioners and I am
23 joined here by several other attorneys for
24 petitioners, Betsy Ginsberg, Katie Rosenfeld,
25 Noelle Lyle and Melanie Calero.

1 M. King

2 I will be asking you a series of
3 questions today and do you understand that you
4 have just taken an oath to answer these questions
5 truthfully?

6 A Yes, I do.

7 Q The court reporter is here to record
8 what we both say.

9 I will ask that you please wait until
10 I finish a question to respond even if you think
11 you know how I am going to finish the question.
12 That way we just try to avoid speaking over each
13 other and the court reporter can get everything
14 down.

15 A Sure.

16 Q The other thing I will ask is that you
17 provide verbal answers to my questions rather
18 than nodding or saying uh-huh; understood?

19 A Okay, yes.

20 Q If anything I say is confusing please
21 just ask me to clarify. There is no need to
22 guess.

23 Is there any reason that you cannot
24 testify truthfully today?

25 A No.

1 M. King

2 Q Do you have an attorney representing
3 you today at this deposition?

4 A Yes.

5 Q Who is that attorney?

6 A Mr. Cho.

7 Q Have you done anything to prepare for
8 this deposition?

9 A Yes.

10 Q What have you done?

11 A We pretty much gone over topics.

12 Q Have you read any documents?

13 A I have.

14 Q Which documents?

15 A I think I read the two depositions
16 that was given -- that were given.

17 Q Which two depositions are you
18 referring to?

19 A Well, can I look at the depositions?
20 Do you have those? Can I look at them?

21 MR. CHO: Scout, let me clarify. I
22 think it's a semantic issue. I don't
23 want to answer but I think she is
24 referring to her declarations, not
25 deposition.

1 M. King

2 A Yes, I apologize.

3 Q Whose declarations?

4 A Whose declarations? They would be
5 mine. My declarations.

6 Q Are you referring to your declaration
7 dated March 31 that was filed in this case?

8 A Yes, that would be one of them.

9 MS. KATOVICH: Just for the record, we
10 have that marked as Petitioner's
11 Exhibit 19.

12 Q Is the second declaration you're
13 referring to the declaration of Lieutenant
14 Commander Jordan?

15 A No.

16 Q What is this other second declaration?

17 MR. CHO: Document 21.

18 Q This is your declaration also?

19 MR. CHO: It's not an exhibit. But it
20 is document number 21.

21 Q Is this, Warden King, another
22 declaration made by Warden King? I don't have
23 the doc in front of me unfortunately.

24 MR. CHO: Answer the question as best
25 you can, Miss King.

1 M. King

2 A I remember reviewing two declarations.
3 I am not sure what dates they were. I remember
4 March 31 and I think there was one prior to the
5 31st.

6 Q Aside from these two declarations did
7 you review any other documents to prepare for
8 this deposition?

9 A No document. I have not had time. I
10 was notified that I was sent documents but I have
11 not reviewed.

12 Q Did you meet with an attorney to
13 prepare for this deposition?

14 A I did meet with Mr. Cho. We spoke via
15 telephone.

16 Q When did you speak?

17 A We spoke to the best of my knowledge
18 we spoke on Friday and yesterday.

19 Q So you spoke twice?

20 A Yes, correct.

21 Q For how long did you speak?

22 A The first meeting was approximately an
23 hour and the second conversation was about 15
24 minutes.

25 Q Was anyone else on these phone calls?

1 M. King

2 A Yes.

3 Q Who else was there?

4 A Miss Pratesi, Holly Pratesi.

5 Q Anyone else?

6 A No one else, no.

7 Q Have you met with or spoken with
8 anyone else besides Mr. Cho and Miss Pratesi to
9 prepare for the deposition?

10 A No.

11 Q Anyone at the MDC?

12 A No.

13 Q Do you know that Warden Edge has
14 designated you to testify on behalf of him on
15 three topics today?

16 A Three topics? Could you say those
17 three topics?

18 Q Yes, these are the three topics that
19 are marked as topic five, topic seven and topic
20 nine.

21 As I understand that you have been
22 designated to address all of topic five and part
23 of topic seven and part of topic nine; is that
24 correct?

25 MR. CHO: It might be helpful if you

1 M. King

2 refer to the note itself. In the
3 document it might be hard to
4 understand.

5 MS. KATOVICH: Sure.

6 Q This is the notice is Exhibit 18,
7 Petitioner's Exhibit 18. I am sorry. That is not
8 the notice.

9 Exhibit 18 is Respondent's 30(b)(6)
10 response letter in which Warden Edge designates
11 you for these topics?

12 A Yes.

13 Q Are you prepared to testify today on
14 these topics?

15 A Yes.

16 Q Did you do anything to prepare for
17 your testimony on these topics specifically?

18 A No.

19 Q So you're testifying based on your
20 personal experience and your personal knowledge?

21 A Yes.

22 Q What is your current job title?

23 A Associate Warden of Operation.

24 Q How long have you held this position?

25 A I have been here approximately 21

1 M. King

2 months at MDC Brooklyn.

3 Q How long have you worked for the BOP?

4 A Twenty years and eight months.

5 Q A long time.

6 Who do you report to in your current
7 position?

8 A Derek Edge, Warden.

9 Q Do you supervise anyone?

10 A Yes.

11 Q Who do you supervise?

12 A Self Fund Supervisor, Financial
13 Management, Education, Recreation and Safety.

14 Q What you just referred to those are
15 departments that you supervise?

16 A Yes.

17 Q Approximately how many individuals do
18 you supervise?

19 A Right now, I think I missed one, five,
20 approximately five.

21 Q Five individuals?

22 A Yes.

23 Q So you supervise the heads of those
24 departments?

25 A Yes.

1 M. King

2 Q Could you name those heads that you
3 supervise?

4 A Supervisor of Education is Michelle
5 Gantt, the Trust Fund supervisor is David
6 Valkaran, I have a facilities manager who is John
7 Malleo, I have an Acting Safety Manager which is
8 Rohlls, I can't think of his name first name, his
9 last name is Rohlls. He is the Acting Safety
10 Manager, and right now I have a vacant financial
11 management position but the acting person for
12 that would be Michael Viola.

13 Q At what location do you currently
14 work?

15 A MDC Brooklyn.

16 Q How long have you been at that
17 location?

18 A Twenty months, approximately 21
19 months.

20 Q What are your current job
21 responsibilities?

22 A Is to oversee, I have the oversight of
23 operation which consists of inmate laundry versus
24 the Trust Fund, commissary and laundry falls
25 under Trust Fund and oversee the education

1 M. King
2 department for all of education and recreational
3 programs. The maintenance for the facilities and
4 the finance for the institution.

5 Q Have you held other job positions with
6 the BOP?

7 A Yes, I have.

8 Q What are the previous job positions
9 you have held with the BOP?

10 A My first job with the BOP I was the
11 correctional officer. My second --

12 Q Can you also give me the approximate
13 dates for these positions?

14 A Okay, June 1999 through March 2001 I
15 was the Correctional Officer.

16 From 2001 until 2004 I was the
17 Teacher.

18 From 2004 until 2013 I was the
19 Supervisor of Education.

20 And from 2016 until now Associate
21 Warden.

22 Q You said from 2016 you were an
23 Associate Warden but not at MDC.

24 At which facility were you an
25 Associate Warden prior the MDC?

1 M. King

2 A FCI Pekin Illinois.

3 Q Were your job duties for this last
4 position as an Associate Warden similar to what
5 your job duties currently are?

6 A Yes.

7 Q So now in your current role at the MDC
8 as part of this role do you have responsibility
9 for the MDC's response to the COVID-19 pandemic?

10 A Yes.

11 Q What are your responsibilities with
12 regard to the response?

13 A To ensure the safety of all staff and
14 inmates in the institution. To ensure the safety
15 of staff and inmates in the institution.

16 Q Are you responsible for policies,
17 procedures and practices related to hygiene and
18 sanitation?

19 A Yes.

20 Q Are you responsible for policies,
21 procedures and practices related to personal
22 protective equipment?

23 A Yes.

24 MR. CHO: Objection to the form. Go
25 ahead.

1 M. King

2 Q Are you responsible for policies,
3 procedures or practices related to social
4 distancing?

5 MR. CHO: Objection to the form.

6 A Can you repeat that?

7 Q Are you responsible for the MDC's
8 policies, procedures and practices related to
9 social distancing at the facility?

10 MR. CHO: Objection to the form.

11 A Yes.

12 Q Are you responsible for policies,
13 procedures and practices related to quarantine
14 and isolation?

15 MR. CHO: Objection to the form.

16 A Yes.

17 Q Who at the MDC is responsible for
18 overseeing the supply and distribution of hygiene
19 products or supplies and by hygiene supplies I
20 mean soap, hand sanitizer, tissues, paper towels
21 and personal cleaning supplies?

22 MR. CHO: Objection to the form.

23 A That would be a combination of Trust
24 Fund and Safety which falls under me.

25 Q What is Trust Fund?

1 M. King

2 A Trust Fund is pretty much inmate
3 account where they deal with the inmate which
4 consists of e-mails, commissary, laundry.

5 Q So it's a department?

6 A Yes, Trust Fund department.

7 Q Are there individuals, you said a
8 Trust Fund and Safety Department, are the two
9 that oversee hygiene supplies?

10 A Hygiene. Did you say cleaning
11 supplies?

12 Q I said hygiene supplies?

13 A Yes, Trust Fund.

14 Q That is all Trust Fund?

15 A Yes.

16 Q Is there a particular individual
17 within that Trust Fund department who is
18 responsible for supply and distribution of
19 hygiene supplies?

20 A Yes.

21 Q Who is that?

22 A David Valkaran.

23 Q What about is there a different person
24 who is responsible for supply and distribution of
25 personal cleaning supplies?

1 M. King

2 A Yes, that would be safety.

3 Q Stacey?

4 A Safety.

5 Q Is there a particular individual
6 within safety who is responsible for that?

7 A Cristan Rohlls, he is the Acting
8 Safety Manager.

9 Q Are there written procedures for the
10 supply and distribution of hygiene supplies?

11 A Written procedures for distribution?

12 Q For the supply and distribution of
13 hygiene supplies?

14 A Yes.

15 Q Where are those written down?

16 A It would be in our Institution
17 Supplement.

18 Q Institution Supplement.

19 When were these procedures created or
20 written down?

21 A We have institution of supplement,
22 they could have been at the beginning or the
23 activation of the institution. They may change
24 at some point. If they do we just change the
25 date that we made revisions or revisions were

1 M. King

2 made.

3 Q So they're constantly being updated
4 this institution supplement?

5 A Yes, according to policy.

6 MS. KATOVICH: We call for production
7 of this Institution Supplement.

8 MR. CHO: Anything you would request
9 put in writing to us so we have a
10 record of it. Thank you.

11 MS. KATOVICH: Sure.

12 Q Currently which hygiene supplies are
13 being provided to inmates at the MDC?

14 A Hygiene supplies that are being
15 provided to inmates at MDC at this time they do
16 receive deodorant soap from the Trust Fund
17 department.

18 As far as commissary the inmates are
19 also afforded the opportunity to buy their own
20 personal hygiene items.

21 But as far as what Trust Fund gives
22 them for free would be deodorant soap, towels and
23 that is pretty much it from the Trust Fund
24 department that they give them biweekly.

25 Q By biweekly do you mean twice per week

1 M. King

2 or every two weeks?

3 A Every two weeks.

4 Q Just to be clear, you said deodorant
5 soap. Is that a kind of soap or are you saying
6 deodorant and soap?

7 A Deodorant soap, that is a Dial soap.
8 It is just soap.

9 Q Are current practices for supplying
10 inmates with soap different than the ordinary
11 practice at MDC?

12 A The current practices are supplying
13 deodorant soap. Inmates are afforded the
14 opportunity, the unit teams can pick up the soap
15 on a biweekly basis and they're on the housing
16 unit, so those inmates who cannot buy soap from
17 the commissary they can request soap from the
18 unit team and the unit team assures they have
19 soap if needed.

20 Q The unit team is that staff?

21 A Yes.

22 Q That is staff that is assigned to that
23 particular unit?

24 A Yes.

25 Q So if I understand you correctly this

1 M. King

2 unit team will pick up soap every two weeks and
3 have it available upon request for the inmates in
4 that unit?

5 A Correct.

6 Q So if an inmate does not request soap
7 they will not be given soap automatically;
8 correct?

9 A Correct.

10 Q How does an inmate request soap from
11 the unit team?

12 A The unit team makes rounds through the
13 unit on a daily basis. At that time inmates can
14 request soap from the unit team or they can
15 notify the unit officer to notify the unit team
16 that they need soap.

17 Q What is the difference between a unit
18 officer and a member of the unit team?

19 A A unit officer is there pretty much to
20 provide security.

21 You have unit team who are there to
22 assist the inmates on cases and different
23 sanitation issues.

24 The unit counselor oversees the
25 sanitation and the housing unit and he also

1 M. King
2 provides them with the hygiene products, the soap
3 that you are talking about.

4 Q You said that is a unit counselor?

5 A Yes.

6 Q How do inmates request soap of the
7 unit officer; is this verbally or did they do it
8 in writing?

9 A Verbally.

10 Q Is there any record kept of these
11 verbal requests?

12 A No.

13 Q So you said that the unit team
14 restocks the supply of soap in the unit every two
15 weeks; correct?

16 A Correct.

17 Q Is that schedule different than what
18 would ordinarily occur at the MDC?

19 A No.

20 Q So that is just business as usual
21 every two weeks the unit team brings a new stock
22 of soap onto the unit?

23 A Yes, correct.

24 There are two different types of soap
25 that the inmates receive. They also receive like

1 M. King
2 liquid soap but that is given from safety. The
3 safety department. The soap is available on the
4 unit pretty much at all times. But that is to be
5 you are talking about hygiene that is deodorant
6 soap.

7 Q So tell me about the liquid soap that
8 safety hands out. What is the procedure for
9 distributing this liquid soap?

10 A Liquid soap is given out on a weekly
11 basis at this time. In response to the pandemic
12 we used to give it out on a biweekly basis but
13 now we are giving out soap on a weekly basis.

14 Q Who gives that soap out?

15 A The Safety Department.

16 Q Do they automatically provide inmates
17 with liquid soap every week or do inmates have to
18 ask?

19 A No, they do not provide inmates with
20 soap every week. There are dispensers throughout
21 the institution that our field for the staff to
22 use in inmates restrooms they do have liquid
23 soap.

24 Q So when you say every week you are
25 talking about how often they would refill those

1 M. King

2 soap dispensers?

3 A Most of them are probably not going to
4 have to be filled every week. However, they pick
5 up soap to have in their spot for them on a
6 weekly basis.

7 Q Could you explain that.

8 Who picks up soap from where on a
9 weekly basis?

10 A Once again, that will be the unit team
11 that picks up the soap as well.

12 Q So the unit team basically re supplies
13 the available liquid soap on the unit every week
14 and then they decide how often to refill the
15 dispensers; is that correct?

16 A The liquid soap will be filled
17 throughout the institution and on some sites or
18 inmates do have inmate restrooms where they work
19 at so we make sure that they have soap in those
20 dispensers throughout the week.

21 We have staff who go around and check
22 all the soap dispensers in response to the
23 pandemic to ensure all restroom have soap and
24 paper towel and running water.

25 Q Are inmates provided with liquid soap

1 M. King

2 in their cells?

3 A No, they're not. They are afforded the
4 opportunity to buy liquid soap, antibacterial
5 soap, from the commissary department which falls
6 under Trust Fund.

7 Q So, I just, I am a little confused,
8 sorry, and this say be my fault about what is
9 happening, so you said with the liquid soap it
10 used to be provided on a biweekly basis, now it's
11 provided on a weekly basis?

12 A Yes.

13 Q When you say provided in that context
14 what does that mean?

15 A Staff can go and pick up soap every
16 two weeks from the Safety Department to ensure
17 their dispensers are filled or to ensure they
18 have it on hand.

19 However, during pandemic they're
20 picking it up weekly on a weekly basis to have on
21 the spot to make sure they have it when needed.

22 Q Understood.

23 If a person -- so you said that
24 inmates in their cells only have the bar soap,
25 the deodorant soap, correct, unless they buy it

1 M. King
2 from the commissary, unless they buy liquid soap
3 from the commissary?

4 A Correct.

5 Q If an inmate runs out of bar soap may
6 they request additional soap?

7 A Yes.

8 Q Are there any limits to how often they
9 can receive additional soap at no cost?

10 A From my knowledge when ever they
11 request soap it is available to them. They can
12 request it at any time. We do not have a time
13 limit or how many bars of soap we handout to the
14 inmates. If they request it we give it to them.

15 Q This would be an oral request to the
16 unit officer; is that correct?

17 A They can contact the unit officer if
18 there is no unit team available.

19 Q There is no record of these requests;
20 correct?

21 A Correct.

22 Q Do you know how many bars of soap MDC
23 currently has in stock?

24 A No, but I know it is a lot. The last
25 time I checked I think we had like way in the

1 M. King

2 thousands and more soap have been brought since
3 then.

4 Q Do you know when the last shipment of
5 bar soap arrived?

6 A To the best of my knowledge within the
7 last month.

8 Q Is there a schedule for how often the
9 facility receives additional shipments of bar
10 soap?

11 A No, there is no schedule. It is just
12 inventory conducted and they make sure they keep
13 a supply on hand.

14 Q Who is responsible for keeping this
15 inventory and deciding when to re stock?

16 A The Trust Fund supervisor.

17 Q That is David Valkaran; correct?

18 A Correct.

19 Q I imagine that is true as well for
20 liquid soap?

21 A Yes.

22 Q Do you know how much liquid soap MDC
23 currently has in stock?

24 A Plenty of it. A lot. We are stocked.

25 Q Do you know when the last delivery of

1 M. King

2 liquid soap was?

3 A Probably within the last month as
4 well.

5 Q Do you know when the next scheduled --
6 is there a scheduled delivery in the future for
7 liquid soap?

8 A I am not sure if it is scheduled but I
9 know that all supervisors and managers have been
10 told to order more to make sure we have many.

11 Q Are all supervisors and managers able
12 to put in orders of new soap or is that only Mr.
13 Valkaran who does that?

14 A Mr. Valkaran will be for Dial soap,
15 deodorant soap and Mr. Rohlls will be for the
16 liquid soap, the Gojo throughout the institution.

17 Q Is it correct that it's BOP's position
18 that inmates have access to sinks, water and soap
19 at all times?

20 A Yes.

21 MR. CHO: Objection to the form.

22 Q Do inmates have sinks in their cells?

23 A Yes.

24 Q Are there also sinks in shared areas?

25 A They have them in their cells. They

1 M. King
2 are in the restrooms. I think those are the only
3 places we have sinks and there may be one in the
4 laundry room.
5 Q Are there shared restrooms in each
6 unit?
7 A For the inmates?
8 Q Yes.
9 A Their restroom is in their cell. There
10 are two inmates per cell approximately most of
11 the time but their restrooms are in their cells.
12 Q So there are no shared restrooms for
13 inmates?
14 MR. CHO: Objection to the form.
15 A There may be on different sites where
16 they work at -- for example, food service where
17 inmates have their own restrooms but they don't
18 share them together. Individually.
19 Q So in the common area of a unit there
20 is no restroom for inmates?
21 A No.
22 Q Do all sinks in the inmates cells have
23 hot water at all times?
24 A To the best of my knowledge. If not
25 it's reported and it's fixed immediately.

1 M. King

2 Q So when you were talking about the
3 liquid hand soap that is available and put
4 throughout in the restrooms that is not being
5 distributed into the restroom in inmates cells;
6 correct?

7 A Correct. That would be a restroom
8 like food service where they work on their site
9 and they can go use the restroom there but not in
10 their cells.

11 Q Where do staff have access to sinks
12 with warm water and soap?

13 A In their restrooms, in the staff
14 restroom.

15 Q Are those restrooms in each unit or on
16 each floor?

17 A They're throughout the institution.
18 They have them on the units. They have them in
19 other locations as well.

20 Q Does the MDC currently have hand
21 sanitizer on site?

22 A You do have hand sanitizer. We have
23 hand sanitizer throughout the institution.

24 As far as hand sanitizer with alcohol
25 medical has hand sanitizer with alcohol on hand.

1 M. King

2 It is against OSHA's policy for us to allow
3 inmates to have hand sanitizer with alcohol. So
4 no, we do not distribute hand sanitizer to the
5 inmates.

6 Q But you do -- you said you have
7 non-alcohol based hand sanitizer throughout the
8 institution; correct?

9 A Correct.

10 Q Is that non-alcohol based hand
11 sanitizer available to inmates?

12 A If they're working on detail, just
13 sanitation throughout the building and they're
14 out and there is a hand sanitizer available they
15 can use the hand sanitizer.

16 Q But they're not -- there is no hand
17 sanitizer in units; is that correct?

18 A Correct. On the units there will be
19 hand sanitizer to the best of my knowledge in the
20 officers stations.

21 Q Does the MDC ordinarily have hand
22 sanitizer throughout the building or is this
23 something that is new with the pandemic?

24 A This is something that we have done in
25 an attempt to protect the staff during this

1 M. King

2 pandemic.

3 Q Do you know how much hand sanitizer
4 the MDC currently has on stock?

5 A I can't say off the top of my head how
6 much hand sanitizer but I know it's plentiful.

7 Q You said the only alcohol based hand
8 sanitizer is available in the medical unit;
9 correct?

10 A It would be medical and I can't answer
11 why that is the reason but I know medical is the
12 only department in the institution who are
13 allowed to pretty much have hand sanitizer with
14 alcohol.

15 Q So staff working throughout the
16 building but not in the medical unit does not
17 have access to alcohol based hand sanitizer?

18 A No, they don't unless they bring their
19 own I can't answer that but. We do not provide.

20 Q Are staff allowed to bring their own
21 alcohol based hand sanitizer to the MDC?

22 A On a regular basis no but during the
23 pandemic yes, we are allowed to bring hand
24 sanitizer.

25 Q When was that new rule instituted?

1 M. King

2 A It is not a rule that was instituted,
3 it is nothing in writing. It's just something
4 that we are doing to protect the safety of the
5 staff and inmates at this time.

6 Q When did you start allowing staff to
7 bring alcohol based hand sanitizer?

8 A I cannot say but it would probably be
9 in March.

10 Q Are they permitted to carry the hand
11 sanitizer, the alcohol based hand sanitizer, with
12 them on their rounds or throughout the day on
13 their person?

14 A Yes.

15 Q So you mentioned before that inmates
16 are provided with towels and provided with
17 deodorant soap.

18 Are inmates also provided with tissues
19 at no cost?

20 A Yes, they are.

21 Q How often are they given tissues?

22 A Before we would give them one roll a
23 week. However during this pandemic we are giving
24 them two rolls a week.

25 Q When you say two rolls you mean toilet

1 M. King

2 paper?

3 A Yes. Two rolls of toilet paper.
4 However this is also an item that they can
5 purchase from commissary.

6 Q If an inmate runs out of toilet paper
7 before they're given additional rolls are they
8 able to request additional rolls at no cost or do
9 they need to go to commissary?

10 A They are able to request as they are
11 sold.

12 Q Again, there is no record of these
13 requests kept; correct?

14 A No.

15 Q Are inmates provided with other kinds
16 of like facial tissue or only toilet paper rolls?

17 A Only toilet paper is what toilet paper
18 is what we give them.

19 Q Is each inmate at the MDC provided
20 with personal cleaning supplies?

21 A Personal cleaning supplies? I am not
22 sure if they have personal cleaning supplies on
23 commissary for them. However we do provide them
24 cleaning supplies.

25 Q What supplies do you provide?

1 M. King

2 A We provide -- right now in response to
3 this pandemic we have been authorized the use a
4 stronger chemical which I think it's called the
5 hdqC2. That is a chemical, stronger chemical,
6 that was authorized to use for sanitize
7 throughout the institution during this pandemic.

8 Other than that they do have the
9 opportunity to have the cleaning bowel which is I
10 think it is Tilex with bleach and paper towels
11 and of course they can buy detergent off
12 commissary if needed and there are, I can't speak
13 of the entire list of chemicals, but they are
14 supplied chemical to clean their unit themselves.

15 Q So each inmate is provided with this
16 hdqC2 cleaner?

17 A We have a cleaning schedule that we
18 are using right now. We allow inmates to come out
19 on Mondays, Wednesdays and Friday and we have the
20 chemicals that is available there for them to
21 fill their bottles and make sure they spray down
22 their cells, let it set for ten minutes and then
23 they can wipe it down.

24 We also on a daily basis we provide
25 the chemical on the unit and they're cleaning on

1 M. King

2 a daily basis with hdqC2 in order to combat the
3 COVID-19 virus on a daily basis and we have
4 implemented a cleaning schedule Tuesday, Thursday
5 and Saturday where they clean. So we have
6 increased the cleaning and the sanitation
7 throughout the institution.

8 Q You said that on Mondays, Wednesdays
9 and Fridays inmates can come out of their cells
10 and fill up spray bottles I assume with the
11 cleaning supply?

12 A Yes.

13 Q Then they can take it back to their
14 cells and clean?

15 A Yes.

16 Q The other thing you mentioned was
17 there is a cleaning bowel; what is that?

18 A A cleaning bowel, I think I said
19 toilet bowel cleaner.

20 Q Okay.

21 A Yes.

22 Q That they also have access to when
23 they come out of their cells on Monday, Wednesday
24 and Friday; correct?

25 A Yes, but some of them may have that as

1 M. King

2 well because their unit counselor provides that
3 to them anyway to clean so most of them have that
4 in their cells anyway.

5 Q Is there a schedule on which they're
6 provided with this toilet bowel cleaner in their
7 cells?

8 A No, there is no schedule. It is our
9 expectation for them to clean daily.

10 Q So in terms of their access to these
11 chemicals for cleaning they have access either
12 when they are let out of their cell Monday,
13 Wednesday, Friday or if their unit, the officers
14 on their unit, choose to give them the cleaning
15 supplies more often; is that correct?

16 A Can you repeat that please.

17 Q So my understanding of what you said
18 is inmates have access to cleaning supplies every
19 Monday, Wednesday, Friday when they're let out of
20 their cell, they can go to the common area and
21 obtain cleaning supplies there; correct?

22 A Yes.

23 Q And then in addition to that on some
24 units it sounds like staff working on the units
25 provide the inmates with cleaning supplies even

1 M. King

2 if they're not leaving their cells; is that
3 correct?

4 A Correct.

5 MR. CHO: Objection to the form.

6 Q Is there any record in that later
7 category where you have staff providing inmates
8 with cleaning supplies in their cells is there
9 any record of when those supplies are being
10 provided and to whom?

11 A No, there is no record. Unit
12 counselors are responsible to inspect and assure
13 sanitation while making rounds.

14 Q If a person -- let's say it's a
15 Tuesday, and a person has run out of cleaning
16 supplies, can they request additional cleaning
17 supplies then or do they have wait until
18 Wednesday when they're let out of their cell?

19 A Once again, most of the inmates have
20 cleaning supplies in their cells already. Monday,
21 Wednesday, Friday is when they're let out and
22 they can get the hdqC2 which is the additional
23 cleaning chemical to clean their cells.

24 Q So the ordinary cleaning -- what are
25 the ordinary cleaning supplies that most have in

1 M. King

2 their cells?

3 A That would be the Tilex cleaner.

4 Q That is the toilet bowel cleaner?

5 A I think it's a multi purpose cleaner.
6 They have Comet that they can use.

7 Q Are these items that they have to
8 purchase from the commissary or are they provided
9 with those at no cost?

10 A They are provided at no cost for them
11 to clean.

12 Q How often are they provided with those
13 items?

14 A Cleaning supplies we used to
15 distribute every two weeks to the unit team. Now
16 we are distributing it once a week for the unit
17 team.

18 So once a week the unit team gets the
19 cleaning supplies and they distribute to the
20 inmates as needed to clean their cells, housing
21 unit throughout the institution.

22 Q Is this like the soap where an inmate
23 has to request the cleaning supplies from the
24 unit team?

25 A Well actually the counselor ensures

1 M. King

2 that the unit and inmates get cleaning supplies
3 because they have to clean on a daily basis.

4 Q So the unit team is handing out these
5 supplies even if an inmate does not request them?

6 A Correct.

7 Q But you said there is no set schedule
8 for that?

9 A There is no set schedule. The
10 counselor is on the unit every day. His
11 responsibility is to ensure sanitation.

12 Q So my understanding is that currently
13 inmates cells are only cleaned by the inmates who
14 are occupying those cells; correct?

15 A That is correct.

16 Q Is that ordinary practice at the MDC?

17 A Yes, it is.

18 Q Are inmates expected to clean their
19 cells on those days when they are let out of
20 their cells or every day?

21 A Every day.

22 Q How is it communicated to inmates that
23 they should be cleaning every day?

24 A The counselor talks to the inmates to
25 let them know that they should be cleaning every

1 M. King

2 day. There are guidelines that we have that is
3 posted in the units of our expectations of how
4 their cells should look on a daily basis.

5 Q What happens if an inmate is not
6 cleaning their cell on a daily basis?

7 A If they are not cleaning their cells
8 on a daily basis?

9 MR. CHO: Objection to the form.
10 Beyond the scope of the notice. You
11 can answer.

12 A I can say there is not a whole lot
13 that we can do. We don't lock them up for not
14 cleaning their cells. However, they are counseled
15 on that issue.

16 Q You have mentioned a few times that in
17 addition to the items that are given out that
18 there are hygiene supplies available for purchase
19 at the commissary; correct?

20 A Yes, correct.

21 Q Do you know which supplies are
22 available at the commissary?

23 A There are -- I can't give you the name
24 or brand of it but we do have the antibacteria
25 soap that they can purchase, they have shampoo,

1 M. King

2 they have razors they can purchase, they have
3 lotion they can purchase, deodorant and towels.

4 Q I know that currently the MDC is on
5 lockdown.

6 How do inmates purchase items from the
7 commissary during lockdown?

8 A The staff go to the unit and receive
9 their request for what they want to purchase.
10 They go back, they bring it, they stock it and
11 they deliver to the unit.

12 Q Are these written requests that
13 inmates give?

14 A Yes, they have a commissary request.
15 Commissary list on everything that they can buy,
16 they fill it out, give to the staff and the staff
17 fill their order.

18 Q Did the commissary run out of soap for
19 sale at any point in the last few months?

20 A No.

21 Q What stock of soap is maintained in
22 the commissary ordinarily?

23 A When you say what stock?

24 Q How much -- is there usually a certain
25 amount of soap that is always on hand at the

1 M. King

2 commissary?

3 A I can't tell you the number of it but
4 I can tell you there is plenty of soap in the
5 commissary.

6 MS. KATOVICH: I think at this point
7 I would like for us it take a short
8 break if that is okay with everyone.

9 MR. CHO: How much time do you need?

10 MS. KATOVICH: Just five minutes.

11 MR. CHO: We will be back in five
12 minutes.

13 VIDEOGRAPHER: Going off the record
14 at 10:28 a.m.

15 VIDEOGRAPHER: We are back on the
16 record at 10:41 a.m.

17 Q Warden King, I wanted to go back to a
18 couple of things that we talked about.

19 First, does every inmate have a spray
20 bottle?

21 A I can't say every inmate has a spray
22 bottle. That is my knowledge. They can purchase
23 one from the commissary but they do have spray
24 bottle available. I can't say that every inmate
25 has a spray bottle.

1 M. King

2 Q Do they have spray bottles available
3 only through the commissary or are they handed
4 out at no cost?

5 A They are handed out at no cost for
6 them to clean, yes.

7 Q But not -- you are not sure if every
8 inmate is handed one?

9 A Oh no, I am almost positive if all
10 inmates don't have a spray bottle they do have
11 access to a spray bottle.

12 Q So how would they have access to a
13 spray bottle without having one?

14 A The counselor makes it available to
15 them and if I am not mistaken they can buy,
16 purchase, a spray bottle from the commissary.

17 Q How often does the counselor make a
18 spray bottle available to each inmate?

19 A Spray bottles are available on the
20 unit daily. There are places -- orderlies have
21 access to the spray bottles, they can be kept in
22 officer stations with different various chemicals
23 for them to clean. Most of them do have a spray
24 bottle in their cell but I am not -- I can't say
25 that every inmate has a spray bottle.

1 M. King

2 Q Would an inmate in SHU have a spray
3 bottle?

4 A Would an inmate what? Can you repeat
5 that please?

6 Q Would an inmate in the Special Housing
7 Unit have a spray bottle?

8 A I am not sure about that. I can't.

9 Q You said that -- does every inmate
10 have Comet and Tilex in their cells?

11 A I can't say every inmate has Comet and
12 Tilex in their cells. I can say that it is made
13 available to them to clean their cells.

14 Q Is it provided to them at no cost?

15 A Yes, we give them the supplies to
16 clean free.

17 Q They're handed these supplies on a
18 regular basis?

19 A They have access to it. They need to
20 clean on a daily basis. It is available.

21 Q How many spray bottles are available
22 on each unit at a time for general use?

23 A I can't say how many but there are --
24 there are many. I don't know how many but there
25 are many on the unit.

1 M. King

2 Q Have you seen, personally seen,
3 inmates cleaning their cells?

4 A Yes, I have.

5 Q Under what circumstances would an
6 inmate request soap and be told that there is no
7 soap available?

8 MR. CHO: Objection to the form.

9 A I can't really say that they would say
10 that no soap is available. It may not be readily
11 available right there at that moment. Maybe they
12 have to contact the unit team or someone to get
13 them soap but at no time should there be a time
14 where there is no soap available.

15 Q You mentioned that now MDC is allowing
16 staff to bring in alcohol based hand sanitizer
17 and carry it with them.

18 How has this been communicated to
19 staff?

20 A Well it has not been communicated to
21 staff. It is off the record. We do talk to our
22 staff in meetings at various times as well as we
23 talk to the inmates. So it's nothing that is in
24 writing or anything but in order to protect the
25 staff and the safety of the inmates and the staff

1 M. King

2 during this pandemic that is what they do. They
3 can do that.

4 Q What is the current procedure for
5 cleaning common areas in the MDC?

6 A Right now they are cleaning common
7 areas on a daily basis. They're wiping down --

8 MR. CHO: You interrupted her. There
9 is a bit of a lag so if you can at
10 least give her a minute to finish her
11 answer before you interrupt help that
12 would be appreciated.

13 MS. KATOVICH: Sure. I will try. Go
14 ahead.

15 A Right now we have implemented that
16 they must clean, we are cleaning throughout the
17 institution on a daily basis, wiping down rails,
18 tables, computers, anything that is highly
19 touched areas. We do that on a daily basis.

20 Q Who is it that clean common areas?

21 A Inmates clean their common areas in
22 the unit. We have unit orderlies who are let out
23 daily to clean. This is what they do on a daily
24 basis.

25 Q So you said in a unit the unit

1 M. King

2 orderlies clean the common areas; correct?

3 A Correct.

4 Q Do staff ever clean common areas?

5 A Yes, I can say that without -- if
6 there are no inmates available where we can't
7 have inmates, yes, staff do wipe down their
8 areas. I know I wipe mine down every day.

9 Q What supplies do the inmate orderlies
10 use to sanitize the common spaces?

11 A They do have the hdqC2 available to
12 them as I mentioned. They have the Comet and they
13 have the Tilex spray and there may be a couple
14 more chemicals that I can't name disinfectant but
15 they have these chemicals available to them.

16 Q Are the orderlies provided with
17 different cleaning supplies than other inmates?

18 A No, they have the same cleaning
19 supplies.

20 Q But they're let out every day to clean
21 the common areas?

22 A Correct.

23 Q How many orderlies are assigned to
24 cleaning duty currently per unit?

25 A I am not sure how many exactly but a

1 M. King

2 minimum of maybe four.

3 Q Has this number increased or decreased
4 since COVID-19 started?

5 A There may have been an increase
6 because right now it is our expectation for them
7 to clean daily but that would be the unit
8 counselors if they see a need to increase their
9 need for cleaning they will make that decision.

10 Q Ordinarily how often do orderlies
11 clean common areas?

12 A Ordinarily they clean on a daily
13 basis. That is their job is to clean the common
14 areas after meals, in between group visit or what
15 ever but now it's their responsibility to wipe
16 down with the cleaning agent which is the hdqC2
17 in order to combat this COVID-19.

18 Q So they're not cleaning any more
19 frequently now than ordinary; correct?

20 A Yes, they are cleaning more frequently
21 now.

22 Q But you said before that they were
23 cleaning every day and now they still are
24 cleaning every day?

25 A They were cleaning every day but it

1 M. King
2 was like after meals they may wipe down and maybe
3 in between group where they play cards where they
4 wipe down the tables. Now they're wiping down
5 throughout the day. They're let out to wipe down
6 throughout the day.

7 Q How often are they let out to clean?

8 A Every day.

9 Q One time per day?

10 A I would say every day.

11 Q How many times per day are they let
12 out of their cell to clean?

13 A When the unit orderlies come out
14 they're out for the day until count time.

15 Q So they're just out all day cleaning?

16 A Pretty much cleaning, yes. And
17 assisting with food.

18 Q Is there any schedule set in place for
19 how often they are supposed to wipe down high
20 touch surfaces?

21 A There is nothing in place. However, in
22 the beginning of this pandemic I make rounds and
23 I talk to all of the inmates throughout the
24 institution every 17, 48, 12, what ever we have,
25 and I count house them and that is the

1 M. King
2 expectation. They know that they're expected to
3 make sure they're cleaning their cells, make sure
4 they are cleaning the common area regularly after
5 they use the phone, after they use the computer,
6 anything that they're touching in the unit. That
7 is the expectation that I give them when ever I
8 talk to them.

9 Also, that is the counselor's
10 expectation and he makes sure that is what they
11 are doing and it is his responsibility to make
12 sure that the orderlies are out cleaning daily.

13 Q How often are computers disinfected?

14 A After each use.

15 Q After each use.

16 Who is responsible for cleaning them
17 after each use?

18 A The orderlies can be responsible for
19 cleaning but however during this pandemic what we
20 have done is we put spray bottles by the
21 computers where they use the computers, we put
22 them by the phones, so after they use the
23 computer the expectation is for them to clean
24 behind themselves. However, if they miss that the
25 next person who goes to use the computer should

1 M. King

2 be cleaning the computers.

3 Q So every inmate who uses the phone or
4 computer is told that they need to disinfect
5 after use?

6 A Correct. Before. Before use and after
7 use.

8 Q And after use?

9 A Yes.

10 Q Is there any record kept of each time
11 the computers or phones are disinfected?

12 A No.

13 Q Do you know approximately how many
14 inmates use the computers in a unit in a day?

15 A Okay, I really don't know how many use
16 them. I know they use them a lot. I know they use
17 them because they check their e-mail or what ever
18 they need to do but I don't know how many use the
19 e-mails or the computer.

20 Q You said that there are spray bottles
21 with this disinfectant next to each computer and
22 phone?

23 A Next to the computers and phones, yes.

24 Q What do inmates then use to wipe down
25 the -- so they will spray the disinfectant do

1 M. King

2 they then have something to wipe off the
3 disinfectant or to wipe down the computer?

4 A Paper towel.

5 Q Are paper towels available there as
6 well?

7 A Yes.

8 Q How often are paper towels and spray
9 bottles full of cleaning liquid restocked near
10 the computers and phones?

11 A On a daily basis. Specifically
12 Mondays, Wednesdays and Fridays that is when they
13 are available or that is when they can use the
14 telephone or e-mail so definitely Mondays,
15 Wednesdays and Friday when they're coming out.

16 Q How often are showers and common areas
17 disinfected?

18 A Showers should be disinfected before
19 each use. They have the chemicals there too to
20 spray down the shower before they enter and after
21 they exit.

22 Q So it's the responsibility of the
23 inmate who is taking a shower to disinfect before
24 and after?

25 A Correct.

1 M. King

2 Q Which chemicals are there for them to
3 do so with?

4 A They have the Tilex and once again
5 they have the hdqC2 on each unit. Some units
6 that I put eyes on and units that I see is that
7 they have it in a barrel and they have the hdqC2
8 in the common areas for all inmates to have if
9 they need it.

10 Q Is the Tilex and the hdqC2 cleaner in
11 the shower itself?

12 A The spray bottle there, yes, next to
13 the shower for them.

14 Q How often is equipment used to
15 distribute food disinfected?

16 A On a daily basis.

17 Q Is that the responsibility of the
18 orderlies who are serving food?

19 A Yes.

20 Q When did MDC first learn of its first
21 positive COVID test?

22 MR. CHO: Objection to the form.
23 Beyond the scope of the notice. You
24 can answer.

25 A Maybe March 16 possibly.

1 M. King

2 Q Do you know which unit this positive
3 test inmate was in?

4 A I can't remember.

5 Q Once the MDC learned of this positive
6 test how was the area in which the positive
7 inmate was housed cleaned?

8 MR. CHO: Objection to the form. You
9 can answer.

10 A From the best of my knowledge it was
11 deep cleaned after, I can't remember what unit it
12 was, but I do remember having that conversation
13 about that area it should have been deep cleaned.

14 Q What does it mean for an area to be
15 deep cleaned?

16 A Deep cleaned means once again that is
17 what we are doing every day pretty much now.
18 That is when you spray the disinfectant or the
19 chemical that you're using and you let it sit for
20 a period of time for a minimum of ten to 15
21 minutes, then you go in and wipe down the area
22 really good.

23 Q So were the supplies used for the deep
24 clean the same as the supplies that are
25 ordinarily used for cleaning?

1 M. King

2 A If I am not mistaken the supplies that
3 was used was also the hdqC2 supply.

4 Q That is what is used in all units
5 every day?

6 A That is what we are using right now,
7 yes.

8 Q Was that used -- is that new to the
9 MDC or did that the MDC have that cleaner on hand
10 before the COVID outbreak?

11 A I am not sure but I do know that right
12 before everything started to happen that is when
13 I learned of the chemical that was recommended
14 per CDC guidelines and at that time it was not
15 long that I knew that we had that on hand. I am
16 not sure if we had it on hand before the
17 pandemic.

18 Q Going back to when the positive test
19 was first discovered, who was assigned to clean
20 this area to do this deep clean; was it orderlies
21 or staff?

22 A I am not sure. I think it was, it was
23 orderlies. They were assigned.

24 Q Do you know what personal protective
25 equipment those orderlies were given before they

1 M. King

2 did the deep clean?

3 A PPE gloves and masks.

4 Q What kind of masks were they given?

5 A I am not sure.

6 Q Recently there were two inmates on
7 Unit 72 who were removed from that unit because
8 of COVID positive test or COVID like symptoms.

9 Do you know how the unit was cleaned
10 after those two inmates were removed?

11 MR. CHO: Objection to the form.

12 A No, I cannot. I do not know.

13 Q Since the outbreak of COVID-19 have
14 laundry practices changed at the MDC?

15 A Yes, pretty much right now the inmates
16 are not coming out every day to wash. However, we
17 do have inmate orderlies on the unit who are
18 still washing the clothes so they're receiving
19 clean clothes.

20 Q So inmates are washing their clothes
21 during the half hour that they're let out of
22 their cells three times a week?

23 A No, we have inmate orderlies who are
24 out all day who work on the unit who are doing
25 the laundry at this time.

1 M. King

2 Q How many inmate orderlies are out of
3 the unit at one time?

4 A I am not -- the most I probably seen
5 would be six, maybe six, but I am not saying
6 there is that many because it varies on different
7 units.

8 Q That is six out of approximately how
9 many inmates in a unit?

10 A I think you have maybe 100, 120
11 inmates on a unit.

12 Q Is it the same let's say six orderlies
13 that are released each day to do the cleaning and
14 the laundry?

15 A It should be. That can change too. It
16 depends on if they go home. We have a high
17 turnover rate. It could be a different inmate on
18 a daily basis. It could change.

19 Q You said now orderlies are washing
20 clothes for other inmates on the unit; correct?

21 A Correct.

22 Q Is that -- how does an inmate request
23 an orderly to do their laundry for them?

24 A Well actually inmates have laundry
25 bags and when they come out they're able to put

1 M. King

2 that bag outside their door for the orderlies to
3 pick up and wash and return to them.

4 Q Those orderlies that are doing laundry
5 what PPE do they have?

6 A We have issued all inmates masks, they
7 give one mask per week now, and also unit
8 orderlies who are on the unit can use gloves, so
9 their counselors do give them gloves to clean and
10 do what ever they need to do.

11 Q Are those inmate orderlies required to
12 wear gloves?

13 A As of now yes, all inmates are
14 required to wear their masks and those who are
15 working with laundry or food or anything else are
16 required to wear gloves.

17 Q When was that rule instituted?

18 A For food it's always been instituted.
19 However, since we doing the laundry and what is
20 going on now we have instituted that they wear
21 gloves when handling dirty laundry.

22 Q Do you remember when that rule was
23 instituted for the laundry?

24 A No, I can't tell you exactly when but
25 it's pretty much since this whole COVID-19

1 M. King

2 pandemic.

3 Q Going back to -- I mentioned that Unit
4 72 had two people who were moved off the unit for
5 COVID positive test or COVID like symptoms. You
6 said you were not sure how the unit was cleaned
7 after they left.

8 Do you know who would know how the
9 unit was cleaned?

10 MR. CHO: Objection. Beyond the scope
11 of the notice. You can answer.

12 A Well, the unit was deep cleaned, I am
13 sure it was deep cleaned and after it was deep
14 cleaned they had to report it to our Command
15 Center telling them that the units had been deep
16 cleaned. So I am not sure who would know but the
17 unit, the area was deep cleaned.

18 Q Every time an area is deep cleaned is
19 it reported to the Command Center?

20 A I am not going to say every time
21 because it's different staff who don't do the
22 same thing but that is my expectation is for
23 everything that is going on that we are doing in
24 combat of COVID-19 we report it.

25 Q Is there a written record of those

1 M. King
2 reports to the Command Center of deep cleaning?

3 A No, it doesn't have to be a written
4 record. You can pickup the telephone and say
5 mission has been completed for Unit 72.

6 Q But you don't personally know whether
7 or not Unit 72 was -- how it was cleaned after
8 that?

9 A No, because I did not put my eyes on
10 it. However, I remember that it was the guidance
11 was given for that unit to be cleaned or that
12 area.

13 Q The MDC has N-95 masks on site;
14 correct?

15 A Yes.

16 Q How many N-95 masks does it have?

17 A Approximately now we have
18 approximately 3,000 N-95 masks.

19 Q Where are these masks stored?

20 A In various areas between the Safety
21 Department and Medical and maybe Correctional
22 Services but most of them are stored in the
23 Safety Department.

24 Q Are most of these N-95 masks being
25 stored but not distributed at the MDC?

1 M. King

2 A Yes, most of them are. The only way
3 you can receive an N-95 mask you should be fit
4 tested. Everybody is not fit tested. However at
5 this time we are trying to get 100 percent staff
6 fit tested.

7 Q How many staff have been fit tested?

8 A The last I looked at the list it was
9 153.

10 Q Approximately what percentage of staff
11 at MDC is that?

12 A I would say 70 percent.

13 Q How many inmates have been fit tested
14 for N-95 mask?

15 A I do not have a record of any inmates
16 being fit tested.

17 Q If you don't have a record does that
18 mean that they were not fit tested?

19 A That means that I would say I don't
20 have knowledge of any inmates being fit tested.

21 Q Is it true that --

22 MR. CHO: I am sorry. Go ahead. She
23 was answering a question. Give her a
24 minute to answer the question.

25 MS. KATOVICH: Sure.

1 M. King

2 A Not to my knowledge.

3 Q How many staff --

4 MS. KATOVICH: I think I may be
5 losing them there. It looks like we
6 lost the witness and there is a little
7 exclamation mark. Can we go off the
8 record.

9 VIDEOGRAPHER: Off the record at
10 11:05 a.m.

11 VIDEOGRAPHER: Back on the record at
12 11:06 a.m.

13 Q How many staff at MDC have N-95 masks?

14 A I cannot tell you how many have N-95
15 masks. I can only -- people with who have been
16 fit tested.

17 Q You said 70 percent of staff have --
18 about 70 percent of staff have been fit tested
19 but you don't know -- do you know if any staff
20 have been given N-95?

21 A Sure, many staff have been given N-95.

22 Q But you don't know how many?

23 A I can tell you we start out with about
24 6,000. We are down to 3,000.

25 Q So approximately 3,000 masks have been

1 M. King

2 given to staff at MDC?

3 A Approximately 3,000 masks.

4 Q Did the MDC give a number of it's N-95
5 masks to the MCC for use?

6 A Yes, they did. They give them, we gave
7 them 1,000 masks. 3,000 masks was what we pretty
8 much gave out and we are counting MCC staff, they
9 got 1,000 of those masks.

10 Q Are staff at MDC currently required to
11 wear masks?

12 A Yes.

13 Q What kind of mask are they required to
14 wear?

15 A It depends on what they're working.
16 If they have direct contact with any positive
17 patients or any symptomatic they are required to
18 wear the N-95, those are on isolation and
19 quarantine housing units. Others are required to
20 wear these surgical masks that you see me wear.
21 We give staff two surgical masks a week and we
22 also give the inmates a surgical at mask a week.
23 So everybody is required to wear a mask.

24 Q So every staff person working on an
25 isolation unit or a quarantine unit is required

1 M. King

2 to wear an N-95?

3 A They should. They are provided N-95
4 mask. However, per CDC guidelines it is not a
5 requirement. Surgical mask could be used in
6 place of N-95 but N-95 are put on those units and
7 staff make rounds to make sure those staff have
8 what they need as far as PPE on a daily basis.

9 Q So I understand that CDC has not
10 required N-95 masks but is the MDC requiring that
11 staff on isolation and quarantine units wear
12 N-95?

13 A Yes, that is our expectation.

14 Q How is that expectation communicated
15 to staff?

16 A Well, staff has put out e-mail on a
17 different unit where they should be wearing N-95
18 masks or they can wear surgical masks. But our
19 captains and our emergency preparedness officers
20 they're MDC group walk around on all the housing
21 units the two include especially the isolation
22 and quarantine units on a daily basis to make
23 sure they have their N-95 mask available.

24 Q What happens if one of those people
25 makes their round and sees an officer on the

1 M. King

2 quarantine unit or on the isolation unit not
3 wearing a N-95 mask?

4 A That shouldn't happen at all. However,
5 it would be my expectation for them to make sure
6 that staff member puts on an N-95 mask or mask.

7 Q When was this requirement put in place
8 that staff working in isolation and quarantine
9 units must wear N-95 mask?

10 A Surgical mask in place of it was
11 around the time that the DOP sent out guidance, I
12 can't tell you exactly when, but we are following
13 the guidance of CDC guidelines. So that would be
14 probably around the time March 16 maybe or
15 before.

16 Q I just want to be clear, so it's a
17 requirement that staff wear masks everywhere;
18 correct?

19 A That is the requirement right now,
20 yes. If they cannot maintain social distance or
21 six feet they must be wearing their mask.

22 Q Where are staff required to wear N-95?

23 A They're not required to wear N-95.
24 However, they are given N-95 specifically on the
25 isolation and quarantine housing units.

1 M. King

2 Q Each officer who works on the
3 isolation or quarantine housing unit is handed an
4 N-95; correct?

5 A They're given an N95.

6 Q How often are they given N-95?

7 A On a daily basis.

8 Q So they don't keep, if they're given
9 one N-95 on Monday, do they keep that same N95
10 for the rest of the week?

11 A No, on a daily basis the captains and
12 the ETO make sure we have N-95 masks available
13 for all staff members who are working the housing
14 unit on a daily basis.

15 Q So what does it mean for N-95 to be
16 made available to staff?

17 A N-95 are right now located on the
18 isolation unit. When you walk in to the
19 isolation unit you will see N-95 masks, gowns,
20 goggles, surgical mask and a face shield. Those
21 are the PPE that we put on those units. We make
22 sure they're there.

23 Q Are those in the sally ports? Where
24 exactly are they located?

25 A Some are located in the officers

1 M. King
2 station. They can be it depends on what unit you
3 are going to. Some can be in officers station.
4 It may be some right there in the sally port in
5 the isolation unit right there it should be in
6 the sally port because i think the unit that we
7 are using is the K85 unit made for isolation so
8 they should be in the sally port.

9 Q Is it up to the officer in the
10 isolation unit which of these PPE they take?

11 A Can you repeat that.

12 Q Is it up to the individual officer to
13 decide whether or not face shield or an N-95 mask
14 or a gown before entering the isolation unit?

15 A That is the expectation that has been
16 put out to the staff. They know what PPE they
17 should be wearing when entering those housing
18 units. They should be wearing the PPE that is
19 made available to them.

20 Q Is that expectation communicated as a
21 requirement to staff?

22 A Right now, yes, the captain has made
23 that a requirement for his staff because the
24 officers are the ones who work the housing unit
25 and it's a requirement of the warden, it is a

1 M. King
2 requirement of myself and other executive staff.
3 Q When was that requirement put in
4 place?
5 A Around the same time it was initiated.
6 I can't remember the exact date.
7 Q Would that be around March 13?
8 A Maybe March 1 or thereafter. After the
9 pandemic.
10 Q Do you know why when our expert toured
11 the MDC on Thursday that no -- there were --
12 Withdrawn.
13 Do you know why in the isolation unit
14 on Thursday officers were wearing surgical masks
15 rather than N-95?
16 A No, I can't tell you why but once
17 again the initial guidance was given that came
18 down from up as long as you have a mask on then
19 you are okay. However on those units they should
20 have N-95 available to them.
21 Q So is it consistent --
22 A If I am thinking, it could possibly be
23 once again not all staff are fit tested for N-95
24 every staff that could be, I am not sure, but
25 that could be one reason that they didn't have an

1 M. King

2 N-95 on them.

3 Q An officer who has not yet been fit
4 tested for an N-95 would still be permitted to
5 work on the isolation unit; correct?

6 A Yes, it is possible, correct.

7 Q So would it be consistent with MDC's
8 current requirements that an officer working on
9 the isolation unit would be wearing a surgical
10 mask rather than an N-95?

11 A Once again, I am not sure what MDC is
12 doing. I know MDC Brooklyn is following the
13 guidelines given.

14 Q I don't know if you misheard me. I
15 said MDC?

16 A I don't know what they're doing. Could
17 you repeat that.

18 Q Would it be consistent with MDC's
19 current requirements that an officer on the
20 isolation unit would be wearing a surgical mask
21 but not an N-95?

22 A That is our guidance that we are
23 giving staff who are working on those units. We
24 make sure that they have N-95 masks and it was my
25 recommendation that again that only fit tested

1 M. King
2 staff working those housing units.

3 However, in a prison in that
4 environment it could be a case where staff may
5 enter there and not have an N-95 mask on because
6 they're not fit tested only because they're just
7 making rounds throughout the unit. Most of staff
8 are comfortable knowing that they don't have
9 direct contact or they have to be handling a
10 positive inmate or around people with symptoms of
11 COVID-19. It just depends on the staff member.

12 Q You said N-95 are available to anyone
13 on isolation or quarantine.

14 Could a staff member request an N-95
15 if they are not working on isolation or
16 quarantine?

17 A Sure, we have many staff who are
18 wearing N-95 who don't work on that unit.

19 Q Is it correct that you said staff
20 members get new masks every two weeks. Those are
21 handed out by MDC surgical masks?

22 A I said staff get two masks weekly
23 every week now. Inmates get masks every week.

24 Q If an officer's mask rips or both of
25 their masks break before they're getting their

1 M. King

2 next one is there a way that they can request a
3 new mask?

4 A Yes.

5 Q What about inmates?

6 A Inmates can too. If they come out of
7 their cells and we making rounds and they don't
8 have a mask and they say they don't have a mask
9 we make sure they have a mask.

10 However right now I have walk around
11 the institution talked to 1,700 plus inmates
12 individually. They know that they should be
13 wearing their mask when ever they come out of
14 their cell.

15 Q How do they request a new mask if they
16 need one?

17 A We have officers there. The officers
18 shouldn't be allowing them to come out of their
19 cells without masks as well so I am sure if an
20 officer see an inmate come out of their cell
21 without a mask he is going to question it because
22 he is going to tell them he can't come out of
23 their cell without a mask and at that time I am
24 hoping that the inmate will say well I don't have
25 a mask or I need a new mask.

1 M. King

2 Q Are inmates required to wear masks at
3 all times?

4 A Only when they're coming out of their
5 cells at this time.

6 Q What about when they come out to take
7 showers are they required to wear masks then?

8 A Well no, if they're going to the
9 showers they don't have to wear -- they can't
10 wear their mask in the shower but once they come
11 out they're expected to have it, if they're out
12 in the general area where they can't maintain
13 their six feet social distancing they need to
14 have on their mask.

15 Q Are inmates in isolation given N-95
16 masks?

17 A Not to my knowledge.

18 Q Are inmates that test positive for
19 COVID given N-95 mask?

20 A Not to my knowledge. I do know they do
21 get surgical masks but I am not sure once again
22 just like an inmate we can't put an N-95 on an
23 inmate who has not been fit tested. You can't do
24 that.

25 Q To your knowledge has any inmate been

1 M. King

2 given an N-95 mask?

3 A Not that I know. Not under my -- since
4 I have been here. However, there are inmates who
5 have been there for a while and somehow they have
6 N-95 mask. I have seen it. And they said they
7 have had it for a while. Where they get it I
8 don't know. All I know is I don't know of any
9 inmate who have been given an N-95 mask.

10 Q Are inmates who are in a double bunk
11 cell required to wear a mask in the cell?

12 A Once again, the only guidance
13 expectation we have if they can't maintain social
14 distance when they leave out of their cell they
15 should have on mask. We have not told them that
16 they should be wearing their mask while they're
17 in their cell.

18 Q So I understand that MDC has a large
19 number of N-95 in storage you said currently
20 3,000.

21 Why has MDC not given some of these
22 N-95 to inmates?

23 MR. CHO: Objection to the form.

24 Beyond the scope of the notice. You
25 can answer.

1 M. King

2 A Once again, I have never known but if
3 they're not fit tested and to my knowledge we
4 have not fit tested any inmates. So we don't
5 give them N-95 mask and that is per OSHA
6 guidelines.

7 Q Could you tell me what OSHA guideline
8 that is pursuant to?

9 A I can't tell you which guidelines. I
10 know it is a safety guideline for all our staff
11 and the bureau who ever wear N-95 mask they say
12 they must be fit tested.

13 Q You said that N-95 would be available
14 in the isolation unit, in the sally port, you
15 said there were be a lot of PPE available on a
16 cart in the sally port; is that correct?

17 A I didn't say anything about a cart.

18 Q I am sorry.

19 A No, I didn't say anything about a
20 cart. I said it depends on what isolation or
21 quarantine units they have. It can be at various
22 places. If they have a sally port it can be
23 located in the sally port where it should be
24 located for staff entering the unit. However,
25 there have been places in the officers stations

1 M. King

2 where they do have PPE.

3 Q In terms of the isolation unit which
4 is I believe Unit 84 is that -- are there N-95
5 available wherever it is in the sally port before
6 entering the unit?

7 MR. CHO: Objection. Asked and
8 answered. Answer again.

9 A It could available this morning before
10 staff go in but once staff go in and get their
11 PPE it may not be available at that time.
12 However, any staff who go up there knows that
13 they should be wearing PPE and they know how to
14 request the PPE they need.

15 Q Is there a plan to fit test inmates
16 for N-95?

17 A I have not heard of one.

18 Q Are staff at MDC required to wear
19 gloves at all times?

20 A No, they are not required to wear
21 gloves at all times. However, they do wear
22 gloves. They have increased wearing gloves at
23 this time. It is a recommendation. However, some
24 staff choose to wash their hands and follow the
25 CDC guidelines, make sure they wash their hands

1 M. King

2 regularly with soap and water.

3 Q Are staff members provided with
4 gloves?

5 A Yes, they are.

6 Q What kind of gloves are they given?

7 A Just the regular PPE gloves. I don't
8 know what type.

9 Q Like a latex glove or a rubber glove?

10 A Yes, I would say latex gloves.

11 Q How often are they given gloves?

12 A They can get gloves on a daily basis
13 throughout the day. It depends. They have to
14 get the gloves, we don't just issue the gloves
15 out. Most supervisors in the department have
16 gloves available for their staff.

17 Q Is it consistent with facility
18 guidelines that staff in the lobby conducting
19 temperature checks would be wearing a mask but no
20 gloves?

21 A Staff who conduct temperature should
22 have on gloves.

23 Q Any staff that conduct a temperature
24 check should be wearing gloves?

25 A Yes.

1 M. King

2 Q So you said that gloves are required
3 for staff doing temperatures checks but for other
4 staff it is not a requirement to wear gloves?

5 A It would be your choice, it is a
6 recommendation that they wear gloves. If they're
7 dealing with positive or working on a unit or
8 what ones again some staff prefer not to wear
9 gloves.

10 Q Who is required to wear gloves or when
11 are they required to wear gloves?

12 A When ever they're handling anything
13 that is not safe or they're doing shakedowns or
14 when they are handling working on the isolation
15 unit, when they are handling people who may be
16 positive or anything like that.

17 Q Are inmates provided with gloves?

18 A Inmates are provided with gloves,
19 those inmate who are cleaning on the housing unit
20 or working cleaning, deep cleaning, yes, they are
21 provided gloves.

22 Q If an inmate is not on a cleaning
23 detail are they provided gloves?

24 A No, not to my knowledge. We do not
25 give gloves and that is a good question. I am

1 M. King
2 not sure if they're being sold on the commissary.

3 Q When were inmates who are on cleaning
4 duty first supplied gloves?

5 A That has always been the case. Any
6 inmates who is cleaning unit orderlies what ever
7 they're given gloves.

8 Q So there has been no change in glove
9 distribution to inmates since COVID-19?

10 A Inmates who are on detail, work
11 detail, they are provided gloves. When they were
12 not provided gloves before but those that get out
13 and deal with sanitation yes, they're detail
14 supervisors they do provide them with gloves.
15 Those who are working in different areas.

16 Q Inmates in isolation are they provided
17 gloves?

18 A Not to my knowledge.

19 Q Are staff ever required to wear
20 disposable gowns or coveralls?

21 A Staff who are working the quarantine
22 unit or isolation units are doing that is most of
23 the time the recommendation. Those most medical
24 staff assured who are doing the temperature check
25 throughout the day daily you see them with their

1 M. King

2 gloves, their gowns, their N-95 face shield in
3 the full gear.

4 Q Face shields similarly it is a
5 recommendation but not a requirement that staff
6 on isolation and quarantine wear face shields?

7 A It is goggles or face shield.

8 Q It is a recommendation, not a
9 requirement; correct?

10 A It would be a requirement they do have
11 goggles when they are dealing with those inmates
12 or who ever have tested positive, yes.

13 Q That is required?

14 A Yes.

15 Q Is it required that staff wear a
16 disposable gown or coverall when dealing with an
17 inmate who has tested positive?

18 A Yes.

19 Q Even for security staff?

20 A Security staff.

21 Q As in a security officer rather than a
22 medical staff member?

23 A Most of those staff who have to deal
24 or go and shower are positive inmates yes, they
25 are required to have their full PPE gear on.

1 M. King

2 Q Does MDC's current practices comply
3 with the CDC guidance recommendations for PPE?

4 A Yes, we follow current recommendations
5 for PPE.

6 MS. KATOVICH: I would like to take a
7 quick break now again.

8 VIDEOGRAPHER: Going off the record at
9 11:29 a.m.

10 VIDEOGRAPHER: Back on the record
11 11:38 a.m.

12 Q Warden King, what policies are
13 currently in place at the MDC for providing CDC
14 recommended social distancing between inmate?

15 A In the initial once again I make
16 weekly Town Halls and I speak to every inmate in
17 there. At the beginning I can't remember as far
18 as what day it went back to but I did explain to
19 them that they need to social distance.

20 Also, I am giving out many inmate
21 bulletins where they see this information on the
22 TruLincs and we do have copies of that.

23 They are aware of self distancing a
24 couple of ways. So that was their communication
25 that I had with each one of them one on one.

1 M. King

2 During Town Hall meetings, we posted it on their
3 TruLincs so they can see it on their e-mail, we
4 got signs posted throughout the institution about
5 social distancing and CDC guidelines, we sent
6 e-mails out to staff reminding them of the social
7 distance of six feet. We have plenty of
8 correspondence or communication with staff and
9 inmate about social distancing.

10 Q How many inmates are allowed to be in
11 a common area at one time?

12 A Right now we let them out on work
13 detail no more than ten. Anything over ten has to
14 be approved or approved by the regional director
15 and we are not calling the regional director to
16 allow more ten inmate at this time.

17 Q When was that put in place this policy
18 of not letting out more than ten at a time?

19 A I can't tell you the date but we have
20 gotten several different guidances from out of
21 Central Offices, the Director of Bureau of
22 Prisons with guidance that we should be
23 following. I don't know the exact date.

24 Q Currently is it correct that all
25 inmates are confined to their cells except for

1 M. King

2 release for half an hour at a time three days a
3 week?

4 MR. CHO: Objection to the form.

5 A Say that again.

6 Q Is it correct that currently inmates
7 are confined to their cells except that they're
8 released three times a week for half an hour at a
9 time?

10 MR. CHO: Objection to the form.

11 A In the beginning, yes, that was 30
12 minutes that we allowed them to come out, shower,
13 use the telephone, use the computer, go back to
14 their cell.

15 However, within the last few weeks or
16 couple of weeks we now give them an hour.
17 Guidance said give them an hour when they come
18 out on Mondays, Wednesdays, Fridays.

19 Also there is a limited amount of
20 inmates like I said that come out daily to clean
21 on there is also inmates that go other places to
22 work such as the kitchen but no more than ten
23 inmates come out at a time and in a group.

24 Q So now that the inmates on a unit are
25 let out for one hour at a time are they all let

1 M. King

2 out at the same time or is it staggered?

3 A It is staggered. They're not all let
4 out at the same time. In the beginning we let
5 five out for 30 minutes. Now that we given them
6 an hour we probably let ten out but no more than
7 ten.

8 Q In that hour that they're released is
9 that the only time that inmates have to shower,
10 exercise, use phones and computers?

11 A They use showers, they use the
12 telephone, they use the computers. Right now
13 it's Mondays, Wednesdays and Fridays.

14 Q You said earlier that laundry is
15 available during that time or no longer
16 available?

17 A I said that laundry is available
18 during Mondays, Wednesdays, Fridays.

19 Q Are inmates still able to do their own
20 laundry when they come out of their cells on
21 Mondays, Wednesdays, Fridays?

22 A No, the only thing they are able to do
23 is use the telephone, shower, computers. That is
24 it.

25 Q Are they able to exercise? Can they

1 M. King

2 go to the yard?

3 A Not to my knowledge.

4 Q When the inmates are let out ten at a
5 time how many phones are available on the unit?

6 A Maybe four. Maybe four.

7 Q How many computers are available on
8 the unit?

9 A Approximately four on each unit. I am
10 thinking four.

11 Q Do inmates need to wait in line to use
12 the computer or the phone?

13 A Well what they do is right now they
14 program, some are in the shower, some are using
15 the telephone, some are using the computers, they
16 rotate.

17 Q Is there a time limit for how long an
18 inmate can use the computer or the phone?

19 A I don't think there is a time limit.
20 They're actually given more minutes but not to my
21 knowledge. It is not a time limit. It may be 15
22 minutes. I think it used to be the case where
23 they can use the phone for 15 minutes and it
24 automatically cuts off. However, I don't think
25 that there is any strict guide for inmates where

1 M. King

2 they can't use the phone more than once or make
3 more than one phone call.

4 Q How close together are the phones in
5 the unit?

6 A They're approximately -- they may be
7 six feet.

8 Q How close together are the computers
9 in the unit?

10 A The computers are pretty close. The
11 computers are like side by side.

12 Q You said there are four of them so
13 presumably there are four inmates sitting side by
14 side at once?

15 A Yes, it is possible.

16 Q How does the MDC ensure social
17 distancing among the orderly crews?

18 A They know, once again, they have been
19 Town Halled as well about social distancing and
20 the unit officers they are on the units at all
21 times to ensure that they are social distancing.

22 Q Are inmates who are working together
23 to serve food able to social distance from each
24 other?

25 A To my understanding they are. The food

1 M. King

2 service area is a large area and they shouldn't
3 have any problem with social distancing in food
4 service.

5 Q What about when they are bringing food
6 to the units?

7 A The staff takes the food to the units
8 at this time.

9 Q Do staff also distribute the food to
10 inmates?

11 A The staff drops the food off on the
12 unit, prepare what ever, and the inmates
13 orderlies, the officer coordinates feeding the
14 inmates cell by cell.

15 Q So all meals are now taken in cells?

16 A Yes.

17 Q When did that first happen?

18 A Probably when they went on the
19 modified operations which I don't know the exact
20 date.

21 Q When you said that you held a number
22 of Town Hall meetings in March?

23 A Yes.

24 Q Where were those, where did those Town
25 Hall meetings take place?

1 M. King

2 A The first one took place on the unit
3 and the inmates were still out when it first
4 happened and the last two or three I have gone
5 door to door and talked to each inmate in the
6 institution.

7 Q It was only that first Town Hall
8 meeting where all the inmates were out together
9 on the unit?

10 A It could have been the first two. I
11 am not sure but I am not sure, but I do remember
12 them being out like the first time and it could
13 have been a second time that they were out when I
14 did the Town Hall.

15 Q How does the MDC ensure social
16 distancing in cells?

17 A Once again, I mean we have told
18 inmates to do their best to stay six feet away.
19 I know it could be challenging in the cell,
20 however we have discussed them not touching each
21 other, not being close to each other. We have
22 discussed all of that.

23 When they are in their cells all we
24 can do is tell them make sure you stay away if
25 you can.

1 M. King

2 Q Are all units filled with double
3 occupancy cells?

4 A Yes.

5 Q Are there any that have triple
6 occupancy cells?

7 A No, not to my knowledge, no.

8 Q How large are the double occupancy
9 cells?

10 A Approximately, I can't say, maybe 800
11 square feet. I am not sure. I am not sure.

12 Q Are all cells the same size?

13 A Some of them are larger. They do have
14 I think the handicap cells are larger than the
15 normal cells.

16 Q In double occupancy cells how far
17 apart are the beds?

18 A The beds are actually on top of each
19 other.

20 Q It is bunk beds in each double
21 occupancy cell?

22 A Correct.

23 Q Do you know how much -- how much
24 higher the top cell is or the top bunk is from
25 the bottom bunk?

1 M. King

2 A Three feet, four feet, I am not sure.
3 Three or four feet.

4 Q How many dormitories does the MDC
5 have?

6 A How many dormitories?

7 Q Yes.

8 A Are you saying how many dorms or I
9 have to go from the top floor. 13. 13 I think.
10 Let me go through the top. We have four on eight
11 and then seven, six, five, four and three, seven,
12 six, five and four they have three so that would
13 be three times four is 12, 16.

14 Q How does the MDC ensure social
15 distancing in these dormitories?

16 MR. CHO: Objection to the form.

17 A I think I must have misunderstood you.
18 You said how do we ensure social distancing in
19 the dormitories?

20 Q Yes.

21 A Okay, are you saying in the inmates --
22 once again we Town Hall the inmates, we talk
23 about social distancing, the inmates know they
24 shouldn't be touching or within six feet.
25 However, like I said it could be challenging in

1 M. King

2 the cells maintaining six feet.

3 Q So I just want to make sure that I am
4 clear that we are talking about the same thing.

5 When I mean dormitories I don't mean
6 housing units. I just mean sleeping together and
7 there are many more than just two inmates, it is
8 a large room, areas where people sleep in open
9 dorms versus cells?

10 A Okay, we don't have any of those on
11 the west side. However, over on the east side we
12 do have female dormitories, and that is the only
13 dormitory style we have.

14 Q Have there been any changes to those
15 dormitories since COVID-19?

16 A Well once again, we Town Hall them as
17 well about social distancing. They do have the
18 bed bunk style setup as well in the dormitory and
19 we try to stagger them as far as up, down, up,
20 down but it's a situation where you have some
21 female who can't actually sleep on the top bunk
22 or for medical purposes or what ever but we do
23 Town Hall them, we do communicate to them to make
24 sure they maintain the six feet distance and when
25 they can't maintain the six feet distance they

1 M. King

2 need to be wearing their mask.

3 Q Is it correct that inmates in these
4 dormitories continue to share a bathroom and
5 table and chairs with other inmates?

6 A Continue to share? They do shower.
7 They don't shower together. The tables from my
8 understanding they should be six feet apart. We
9 just recently went over there on Friday to make
10 sure that they know that they need to be
11 distancing themselves and right now we try to
12 have at least no more than two inmates at a table
13 at a time so that is what we are doing to try
14 maintain social distancing in the dormitories
15 room.

16 Q How far apart are the beds in the
17 dormitory rooms?

18 A About four feet maybe, I am not, about
19 four feet.

20 Q You said that inmates there have they
21 share showers, they have a shared shower or
22 individual showers?

23 A It is individual showers, no sharing.

24 Q Is it a shared bathroom?

25 A No, I don't think there is a shared

1 M. King

2 bathroom there.

3 Q Like a room with stalls?

4 A I am trying to picture it. I am pretty
5 sure there are stalls. There are stalls. There is
6 no sharing of restrooms. There should be stalls.

7 Q Has the MDC rearranged the bunk in the
8 dormitories so that inmates are sleeping head to
9 foot?

10 A Not to my knowledge, no.

11 Q So is it correct that in the
12 dormitories inmates continue to sleep about four
13 feet away from each other?

14 MR. CHO: Objection to the form.

15 A That is approximately, yes,
16 approximately. I am not sure of the exact
17 footage.

18 Q Is it correct that the isolation unit
19 in MDC west building also serves as a Special
20 Housing Unit or has some cells that are SHU
21 cells?

22 A Yes, there have been cases where we
23 have used K84 as Special Housing Unit.

24 Q Is the west building SHU full?

25 MR. CHO: Objection to the form.

1 M. King

2 A Not at this time. Not at this time.
3 But there have been cases where they have been
4 full.

5 Q Would you use K84 as a SHU if the
6 regular SHU is not full?

7 MR. CHO: Objection to the form.

8 A No, at this time we would try to the
9 use the east side. We have two SHU, one on the
10 east and one on the west.

11 Q Is the east building SHU full?

12 MR. CHO: Objection to the form.

13 A No, not to my knowledge. It was not
14 when I left Friday.

15 Q I just want to go back to one thing
16 you said about the dormitories in the east
17 building.

18 Did you say that on Friday the women
19 were given new instructions about how to social
20 distance?

21 A Yes, on Friday they went over to tell
22 them it could be no more than two at a table, to
23 make sure if they were not using social
24 distancing if they couldn't maintain a six feet
25 distance they need to be wearing their mask and

1 M. King

2 they made that clear to them, they reiterated
3 that on Friday, yes.

4 Q Have they been told that before?

5 A Yes, they were. They were told that
6 before but in some cases there have been time we
7 went over there they were not wearing their masks
8 and they were not using social distance
9 guidelines. Therefore, we told them that they
10 had could not come out to the tables until they
11 learned how to do the social distancing.

12 So Friday we went back to explain that
13 to them and followup to make sure that they know
14 that they cannot be out or if they can't maintain
15 a social distance of six feet then there will be
16 consequences because they have been told.

17 Q Prior to Friday were more than two
18 people allowed to use the table at a time?

19 A Prior to Friday, if I am not mistaken
20 and that is really not my unit, but they were I
21 was told that had been practicing the social
22 distancing where they were not using their mask
23 so that meant that they had to go behind the line
24 and that meant that they couldn't come to the
25 tables, they couldn't use the tables, because

1 M. King

2 they were not practicing social distancing.

3 Prior to that it could have been a
4 case where they were able to use the tables but I
5 am not sure when the last time they were all able
6 to use the tables.

7 Q Are the women in the dormitories
8 instructed to wear their masks at all times?

9 A They are instructed to wear their
10 masks when they cannot maintain social
11 distancing.

12 Q Did you say and they cannot maintain
13 or if they cannot maintain?

14 A If they cannot maintain social
15 distance they should be wearing their mask.

16 Q Are they required to wear their masks
17 while in their beds?

18 A No, we have not made them have to wear
19 their mask while they're in their bed. That is
20 the only place that they don't have to wear their
21 mask when they are sitting on their bed or in
22 their beds.

23 Q Even though they would be within six
24 feet of another inmate?

25 MR. CHO: Objection to the form.

1 M. King

2 A Once again, I am not sure
3 approximately how far they are apart but they are
4 told if they can't maintain social distancing to
5 wear their mask and we do not require them to
6 wear their mask in the bed.

7 Q So when you went on Friday to tell
8 them to reiterate that they needed to practice
9 social distancing were you aware that we had
10 added a woman as a petitioner in this case on
11 Thursday?

12 A I was not aware. I did not go over on
13 Friday. Actually my Captain went over on Friday
14 and my Associate Warden they both went over on
15 Friday because that is pretty much she is over
16 the housing unit, she went over on Friday to
17 reiterate social distancing so I did not go into
18 the unit.

19 MR. CHO: Counsel, my record reflects
20 you have about five minutes left of
21 the deposition.

22 Q Warden King, are there emergency call
23 buttons in all cells at the MDC?

24 A There are emergency call buttons in
25 the cells. However, if all of those are working,

1 M. King

2 no, I am sure they're not all working.

3 Q How do you know if an emergency call
4 button is working or not?

5 A Well you have to push it and the
6 officer should be able to hear in their spaces.
7 However, I have been made aware that all of the
8 direct buttons throughout the institution are not
9 working because we had requested funding for the
10 direct button system a couple of months ago, a
11 few months ago, and we denied the funding and we
12 were told to put the request back in coming up
13 the next fiscal year.

14 Q How do people in the isolation unit
15 access computers?

16 A There are computers on the isolation
17 unit. However, we do not bring positive inmates
18 or people with symptoms out of the cells to use
19 computers.

20 Q So does that mean that everyone in the
21 isolation unit does not have access to computers?

22 MR. CHO: Objection to the form.

23 A That is not everyone. Those are the
24 inmates in the isolation units. An isolated
25 inmate won't move positive then no, they're not

1 M. King

2 able to use the computer. The staff does not
3 bring them out to use computers.

4 Q What about using phones, how do people
5 in isolation use phones?

6 A There are phones in the unit where
7 they can take the phone to them at this time you
8 can roll the phone to them and allow them to use
9 the phone if needed.

10 Q How do people in quarantine access
11 computers?

12 A There are -- the last quarantine unit
13 or the last unit we had quarantined there were
14 computers on the unit.

15 Q Has there been a unit under quarantine
16 that didn't have computers on the unit?

17 A No, not to my knowledge, no.

18 Q What about phones, are there phones on
19 the quarantine units?

20 A Yes.

21 Q How often do people in quarantine get
22 to use the phones?

23 A Right now Mondays, Wednesdays and
24 Fridays, same thing we do throughout the entire
25 institution but right now we don't have any one

1 M. King

2 under quarantine so.

3 Q People in quarantine would have the
4 same access to computers and phones as every
5 other inmate at the MDC currently?

6 A At this point, yes, at this time.

7 Q In isolation you said that people who
8 have tested positive cannot access the computers.

9 What about people who have symptoms
10 but have not tested positive?

11 A People who have symptoms they're not
12 brought out either to use the computers. We try
13 to limit the spray it throughout the institution,
14 we try to keep them where they need to be if they
15 don't have to be there.

16 VIDEOGRAPHER: We are just about two
17 hours.

18 MS. KATOVICH: Let's take a quick
19 break before finishing up any last
20 questions on this.

21 VIDEOGRAPHER: Off the record at 12:04
22 p.m.

23 VIDEOGRAPHER: Back on the record at
24 12:07 p.m.

25 Q Warden King, I just have a couple of

1 M. King

2 more questions for you.

3 First, you said I believe you said
4 just now that there are currently no units that
5 are quarantined; is that correct?

6 A Not to my knowledge. It was not Friday
7 when I left.

8 Q Does that mean that there is no one
9 entering or leaving the facilities as well?

10 MR. CHO: Objection to the form.

11 A That is a possibility. I couldn't
12 remember any being Friday because if they're
13 going to the halfway house or whatever they have
14 to be quarantined for 14 days before they're
15 released. So that could be different today. I am
16 not sure.

17 Q I just want to go back to our
18 discussion of PPE for just a couple of minutes
19 more.

20 I understand that under the BOP's
21 pandemic influenza plan that each facility has a
22 safety manager or a designee who is trained to
23 conduct fit testing for N-95; is that correct?

24 A Correct.

25 Q Who is that person at the MDC?

1 M. King

2 A Cristan Rohlls and Mr. Karp. There
3 are two people right now who is trained.

4 Q How often do they conduct fit testing?

5 A Right now we are attempting to conduct
6 them on a daily but we are trying to get up to a
7 hundred percent.

8 Q Once a staff member is fit tested they
9 can then access N-95; correct?

10 A Correct.

11 Q If an inmate wanted to be fit tested
12 could they request a fit test?

13 A Not to my knowledge. I have never
14 known of that. Not to my knowledge.

15 MS. KATOVICH: I think that is all for
16 today. Those are all of my questions,
17 Warden King. I thank you for your
18 time and your cooperation.

19 MR. CHO: Thank you. We will read and
20 sign the transcript. Thank you.

21 VIDEOGRAPHER: This concludes the
22 video deposition of Warden Milinda
23 King. The time is 12:10 p.m. and we
24 are going off the record.

25 (Continued on next page to include jurat.)

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M. King

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M. King

(Time noted: 12:10 p.m.)

MILINDA KING

Subscribed and sworn to before me

this day of , 2020.

NOTARY PUBLIC

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M. King

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----- RULINGS -----

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April 27, 2020

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EXHIBIT 16

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF EDSON
ALTINO

Edson Altino declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Edson Altino and I have been housed at the Metropolitan Detention Center (“MDC”) since December 2019. My Registration Number is 78895-053. I have been housed on Unit I-61.
2. I am 42 years old.
3. I have the following medical conditions: asthma, nasal congestion, and hemorrhoids.
4. There are 120 people on my unit. We are housed in an open dorm setting with double cells. We share phones, email terminals, tables to eat at, and showers.
5. New people last joined my unit sometime this week. It seems like new people are constantly coming in. Since the lockdown started about 10-15 new people have come into the unit.
6. We get regular soap once a week; sometimes they skip a week or two. The soap is not anti-bacterial. I last received new soap on Monday, four day ago. I have asked for more soap and for hand sanitizer. The staff responds by saying something like “it’s coming around,” but it never comes.
7. There are no cleaning supplies for my cell. We are not given any. My cellmate and I have to use our personal soap or buy some cleaning product from the commissary, if we can afford it. I have asked for cleaning supplies and have been told that “it’s coming,” but it doesn’t. Same with toilet tissue. I get one roll every one or two weeks, which isn’t enough because we have to use toilet paper for tissues and for cleaning.
8. I am given one mask per week. It is a blue and white paper mask. It isn’t washable. I have not been given any gloves.

9. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out for 30 minutes a day 3 days a week (M/W/F). Last week they started letting us stay out of our cells for an hour.
10. We are kept in our cells – that’s where people get their medicine and meals. The phones and computers are supposed to be clean, but I have no idea if they are.
11. I recently had a cold, with a sore throat and cough for about three days. I did not go to medical for this.
12. My cellmate had the same cold and cough before I had it.
13. If someone is really sick, they are taken out, but I’m not sure what really happens. It seems very secretive. The sick buzzer does work.
14. To keep from getting sick, we wash our hands with the regular soap and try to do social distancing, but it is hard to do that on the unit. When we are let out of cells, about 10-15 of us are out at a time – there are usually some orderlies in the common area. They usually open five cells at a time.
15. There is a night officer who comes by.
16. The staff wear masks; some wear gloves, but not all of them.
17. I can’t tell if any of the staff have been sick.
18. I’m not sure if any of the staff members are working on more than one unit. Some staff just go missing though.
19. I’m scared living here.

Executed on: April 24, 2020
New York, New York

As reported by Edson Altino to
Sean M. Maher



Attorney Sean M. Maher

EXHIBIT 17

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE; AYMAN
RABADI, by his Next Friend MIGDALIZ QUINONES;
and JUSTIN RODRIGUEZ, by his Next Friend
JACKLYN ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF
RICHARD DRAYTON

RICHARD DRAYTON declares the following under penalty of perjury and pursuant to 28 U.S.C.

§ 1746:

1. My name is Richard Drayton and I have been housed at the Metropolitan Detention Center ("MDC") since February 22, 2019. My Registration Number is 86613-054. I have been housed in Unit 62.
2. I am 44 years old.
3. I have the following medical conditions: a history of asthma; a dislocated left shoulder for which I had been receiving therapy before the lockdown; I have a lump on the side of my left nipple for which I was tested months ago, well before the coronavirus pandemic, but I have not received the results of testing.
4. There are 118 people on my unit. We are housed in 2-person cells. Within the cell, I share a sink, toilet and small table. Outside the cell, there are common telephones,

computer terminals, and tables. The shower room has four separate one-person shower stalls, which orderlies do not clean until after everybody showers.

5. Last Thursday or Friday (April 16th or 17th), an inmate was moved from the SHU to the cell adjacent to mine. He had been in SHU because he contracted the virus from a Nigerian inmate. His presence has made me and others nervous.
6. We are provided a small, mini bar of soap every week to ten days. This is used up within three days. I have asked for but have not been provided hand sanitizer. Since the choices from commissary have been so limited recently, I cannot obtain more soap or other cleaning supplies that way.
7. In mid-March, we were given some cleaning disinfectant and were told to dilute it with water to make it last. We are told there is a shortage of cleaning supplies and need to make do with what we have.
8. Two weeks ago, I was given a mask for the first time and have been told I will receive a fresh one every two weeks. These mask (blue on one side, white on the other) are made of a paper material and will disintegrate if washed.
9. We have been on lock down since March 13, 2020 and were told this will last until May 18th. This means we are confined to our small double cells with cellmate all day except for Monday, Wednesday, and Friday when we are released in groups of 10 (5 cells) for 30 minutes to shower, email or use the phone. This is being increased to one hour because inmates detained in the SHU for disciplinary reasons are permitted to be out of their cells for one hour. We are not allowed access to the library or legal discovery, which requires use of a computer to review.

10. We are in close, tight quarters inside and outside our cells. Social distancing is impossible in the cell. Meals are dropped off at the unit door, distributed to the cells by orderlies, and meals are eaten within our cells. There has been even less variety in our diet than usual. Common areas – showers, phones, email terminals- are not cleaned after use by individual inmates.
11. I am in bunk 15 top. I heard that the inmate in adjacent bunk 16 top was taken to the SHU with symptoms of the virus.
12. Some staff wear masks, which has happened only recently, but others still do not.

Executed on: April 21, 2020

As reported by RICHARD DRAYON
to BOBBI C. STERNHEIM, ESQ.

Bobbi C. Sternheim

BOBBI C. STERNHEIM, ESQ.

EXHIBIT 18

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF IRA HALL

Ira Hall declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Ira Hall and I have been housed at the Metropolitan Detention Center (“MDC”) since May 2018. My Registration Number is 90886-053. I have been housed on Unit AH-51 for about the last three weeks. Before that, I was on Unit I-63 for almost two years.
2. I am 32 years old.
3. I have the following medical conditions: when I was younger, my lung was punctured and collapsed. Sometimes I get light-headed, possibly because of low blood pressure.
4. There are 110 people on my unit. We are housed in double cells with bunks. We share phones, email terminals, tables to eat at, and showers.
5. I just was moved to Unit AH-51 about three weeks ago. Since I was moved to AH-51, I think one or two more people have joined the unit.
6. We are given soap once a week that must last for a week. I have asked for more soap and been told to wait until the following week. It is not enough. There also is a shortage of toilet paper. I have not asked for hand sanitizer because I know there is none to be given out.
7. I have not been given any cleaning supplies, like spray bottles of disinfectant, for my cell. You can’t get cleaning supplies while you are locked in your cell. I have asked for cleaning supplies and been told by the staff that they didn’t have any.
8. I am given one mask per week. The mask is paper, blue and white. It is not washable. I have not been given any gloves.
9. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out

for 30 minutes a day 3 days a week (M/W/F). During that 30 minutes, I have to take a shower, make any phones, and do any emails at the same time as other detainees. We are let out in groups of 9-10 men to do that.

10. Pills, medicine, and meals are given out cell to cell. All phone calls and emailing have to do done in the 30 minutes of time we are let out of the cell three time per week. I have not seen any cleaning equipment or cleaning products by the phones or computers. I have no idea if or when the phones and computer are cleaned.
11. A few days ago my throat was really tight and I had some shortness of breath. I have never been given a COVID-19 test.
12. I am not aware of my cellmate having any COVID-19 symptoms.
13. If someone on the unit is symptomatic, they pull them out. The person is brought back to the unit in anywhere from an hour to several hours later and put back in their cell with their cellmate. The medical unit responds to get these people. Our sick call buzzer does work.
14. To keep from getting sick I wash my hands. Orderlies on our unit pick up the trash; they wear masks. Throughout the day there are people in the common areas doing some cleaning, but I don't know how thorough they are. They had been checking my temperature, but stopped last Thursday. No one has ever taken my oxygen levels.
15. I have not seen the numbers of staff drop, but I have seen new staff around. Some new guys look like they are from the Marines.
16. The staff have the same type of masks as us. Not all of the staff wear a mask. I don't see the staff wearing gloves.
17. I have not seen any staff members coughing or otherwise showing symptoms.
18. I believe that staff members are working on more than one unit. I also see guys who look like Marines standing around.
19. I am really scared to be here. The environment is dirty. I'm afraid to catch corona and die in the cell.

Executed on: April 24, 2020
New York, New York

As reported by Ira Hall to
Sean M. Maher



Attorney Sean M. Maher

EXHIBIT 19

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF Trevor
Carpenter

Trevor Carpenter declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Trevor Carpenter and I have been housed at the Metropolitan Detention Center ("MDC") since January 24, 2020. My Registration Number is 78799-054. I have been housed on Unit 53 since the end of January 2020.
2. I am 37 years old.
3. I have the following medical conditions: high blood pressure.
4. There are 100 or more people on my unit. We are housed in double cells. We share phones, email terminals, tables to eat at, showers. There is one toilet in my cell that I share with my cellmate.
5. Multiple people in my Unit have tested positive for COVID-19. These people were taken from my unit but then were returned to the unit very quickly. I believe these people were still contagious and put the rest of the unit at risk for catching the virus.
6. We were not given soap last week, but we were this week. We are not entitled to hand sanitizer. The prison staff said they are not allowed to provide hand sanitizer.
7. Cleaning supplies are not provided unless we ask for it. However, we are often refused cleaning supplies when we ask for it.
8. We received a mask for the first time last week. We receive one a week. We have not received any gloves.
9. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out for 30 minutes a day 3 days a week (M/W/F), this week they are allowing us an hour each day.

10. During the time we are allowed out of the cell, not everyone wears the mask and we are clustered together at the computers, the phones, and other shared spaces.
11. I have experienced illness since the lockdown started. I do not know if I had the virus because I was not tested. I had the chills, fever, and felt very ill. I was not given a test, and it was more than 3 days after other inmates were taken off the unit because they were sick before we even had our temperatures taken.
12. My cellmate experienced similar symptoms as did others, but only five people were tested.
13. The staff is not responsive when people on my unit are sick. They are not testing people who appear to have symptoms that are the same as the virus.
14. The orderlies on my unit are wearing masks, and they have garbage bags to clean the unit.
15. The staff are wearing masks and gloves for the most part, but some do not. I got into an argument with one of the staff members because I told him her should be wearing them.
16. I am afraid of getting sick, and I think they BOP should be doing more to protect us, test us and keep us safe.

Executed on: April 22, 2020
Brooklyn, New York

As reported by Trevor Carpenter to
April 22, 2020



Ian H. Marcus Amelkin
Assistant Federal Defender

EXHIBIT 20

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF RONELL
WATSON

Ronell Watson declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Ronell Watson and I have been housed at the Metropolitan Detention Center (“MDC”) since December 9, 2018. My Registration Number is 83703-053. I am 32 years old.
2. Since April 15, 2020, I have been housed in unit 41, which is the intake unit. Before that I had been in unit 61.
3. Unit 41 is a quarantine unit reserved for all newly arriving inmates in the jail. I have been told that I will be on the intake unit until April 29, 2020. At that point, I will then be placed on another unit in the facility. I do not know if I will return to unit 61.
4. I was placed in unit 41 because I was briefly removed from the jail on April 15 to be seen by an ophthalmologist at the New York Eye and Ear Infirmary (“NYEEI”) glaucoma clinic, where I have been a patient since I was a child. I was supposed to have been seen by an ophthalmologist at NYEEI on March 6, before the lockdown, but was never taken. I was only produced to NYEEI after weeks of complaining, personally and through counsel, to the jail about my late ophthalmology appointment. This appointment is essential to monitor the progress of my degenerative eye conditions, described below, and to assess what prescriptions or other interventions I need to treat it.
5. I have juvenile open angle glaucoma, high myopia, and a history of retinal detachments. I have essentially no vision in my left eye and very limited vision in my right. Because of my glaucoma, my eyes frequently tear and I have to constantly wipe my face and eyes throughout the day. I also have trouble maintaining my balance and rely on guardrails, walls, and other common surfaces to stand and ambulate.

6. There are anywhere from 40-60 people on my unit. We are housed in double cells. Although I do not have a cellmate right now, I can expect to have someone join my cell when new inmates arrive and the unit fills up. The inmates on my unit share phones, email terminals, showers, and common areas for the brief periods we are allowed out of our cells during this lockdown period.
7. Unit 41 constantly has new people arriving and people leaving. New people have joined my unit every day since I arrived.
8. When I was placed on unit 41, I was given a small bar of soap. That was five days ago. I have not received a new bar, even though my bar is running out and I have asked for a new one. Hand sanitizer is not available to inmates.
9. There are no cleaning supplies for inmates to clean their cells. This is true on unit 41 and was true on unit 61.
10. I was given a paper mask in unit 61 and when I was moved to unit 41. It seems very flimsy and can tear easily. I have never received a pair of gloves.
11. The jail has been locked down for weeks. I cannot leave my cell except for 30-minute periods on Monday, Wednesday, and Friday, during which I have to shower, use the phone, and email. There are no wipes or cleaning products by the showers, phones, or email. They are not cleaned between inmates' use. No inmates have gloves or are able to wash their hands after using the phones and email. Inmates can wear their masks, but not all of them do. There is no enforcement of any rule that inmates wear masks when they leave their cells.
12. Food is delivered to my cell several times a day. Although the food has not changed during this lockdown, the portions appear to be smaller. Inmates are complaining that the jail seems to be starving them.
13. Commissary has been reduced, and I can now only spend \$25 a week. Before, I could spend \$80. This limits how much food I can keep in my cell. It also puts me in a position of having to decide between whether to buy food, soap, and other essential items that the jail only provides in insufficient amounts.
14. The guards do not consistently wear masks and gloves in the building, even on unit 41, which is supposed to be quarantined. There are officers who walk into our unit without any personal protective equipment on.
15. To the best I can tell, staff members are working on more than one unit. Officers come and go from unit 41, even though it is on quarantine. I do not know where they go to or come from, but based on what I've overheard them say I believe they are working in other parts of the jail.
16. The monitoring for COVID-19 on unit 41 is very limited. I had my temperature taken on the first day I arrived. Every day since, someone from the infirmary stops by and asks if I'm okay. They do not take my temperature. They only seem to respond to people who are actively coughing or with a temperature. Inmates like me who don't have symptoms receive no attention.
17. Other medical care has been delayed during the lockdown. As mentioned above, it took the jail nearly six weeks to produce me for my regular ophthalmological visit. And when I returned to the jail, it took the MDC three days to give me my new prescriptions. These are medications I have to take multiple times on a daily basis in order to prevent the loss of what little vision I still possess. Delaying or withholding my medications is intolerable for my glaucoma.

18. On April 6, while still in unit 61, I lost my balance. My hand was in pain and swelled. I asked the guard on duty to notify the infirmary and bring me for an exam. The guard never put in my request. In fact, he told me that he was not going to make the request for me and told me to tough it out. Although my hand has gotten better, I am concerned about what will happen the next time I lose my balance and fall.
19. As mentioned above, my glaucoma causes my eyes to water and tear. This means that I'm constantly wiping my eyes and face during the day. I don't have gloves, disinfectant, or adequate soap. And I have to use common facilities, like the shower, phone, and computer terminal, in order to clean myself and maintain contact with my family and lawyers. I am very worried that I am at higher risk of contracting COVID-19 because of my eye condition and the jail's inadequate hygienic conditions.
20. During the lockdown, I have been unable to meet with my attorneys. And my phone calls have been limited to brief 15-minute sessions, which is barely enough time to update them about the conditions of my confinement and medical treatment. I have sentencing scheduled for June 26. I am facing a potentially very long sentence and it is essential that I have access to my attorneys to discuss our sentencing arguments, objections to the presentence report, and character letters and other materials that will aid my presentation. I have not been able to do that with my attorneys because of the lockdown. I am deeply concerned that my sentencing is going to be delayed for a long time or seriously impaired by my inability to meet or even speak with counsel.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Ronell Watson to
Benjamin Yaster of Federal
Defenders of New York

/s/ Benjamin Yaster
Benjamin Yaster

Counsel for Ronell Watson

EXHIBIT 21

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF AJAHINIQUE
WILSON

Ajahinique Wilson declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Ajahinique Wilson and I am housed at the Metropolitan Detention Center ("MDC"). My Registration Number is 77192-066. I am housed on the unit 3 North.
2. I am 33 years old.
3. I have had asthma for my entire life. In the past, I have been hospitalized for months at a time because of my asthma.
4. There are 33 people on my unit. We are housed in an open dorm. We sleep in bunk beds lined up next to each other. Next to my bed, there is one empty bed and then there is a woman sleeping in the next bed. I am around 3 feet away from her when I am sleeping. We share the same tables to eat and we share the phones, bathrooms, and showers.
5. I arrived in the unit on March 19, 2020, and I was the last person to join the unit.
6. The staff gives us soap when they feel like it. Most recently, we received soap last week. We are allowed to buy items from commissary every two weeks, and we are only allowed to get up to three bars of soap. We do not have any hand sanitizer. The staff told us they would not give us any hand sanitizer. We have two spray bottles of cleaning solution for the entire unit to share to clean the bathroom, tables, and everything else in the unit. Today a staff member came by and I asked for more cleaning supplies, and he said he would try to get us some more.
7. We do not have any gloves. We were each provided with two surgical masks for the entire month. I try to wash the masks but it is difficult because they are very thin.
8. We are not able to practice social distancing at all on our unit when we are doing things such as eating and going to the pill line.

9. We have been cleaning the phones and email terminals ourselves. The facility put out a notice on March 21st saying they were going to clean every area of the facility because of COVID-19, but that never happened.
10. I have been experiencing COVID-19 symptoms. I have a sore throat, swollen glands, headaches, and tiredness, and I have lost my sense of taste. There are certain times of day, more often at nighttime, when I have trouble breathing. I try to sleep in certain positions so that I will be able to breathe more regularly. I put in a cop-out for medical attention early last week and on Sunday, and I have documentation of that. When I told staff I was experiencing COVID-19 symptoms, they told me that they were taking care of emergencies first. I do not understand why it is not an emergency that I am experiencing COVID-19 symptoms. I requested a COVID-19 test when I spoke to a nurse, and the nurse informed me that they are not going to do any COVID-19 testing in the facility. I also saw a doctor today, who did not provide me with any treatment. All I have is the asthma inhaler I typically use. The doctor said that they did not think I had COVID-19 and they are not doing any COVID-19 testing at the MDC.
11. I receive a hormone shot because I am transgender, and when I arrived at the MDC the doctor changed it from a weekly shot to one shot every two weeks. The doctor did not specify why they did this, but it has changed my menstrual cycle. I have requested medical attention.
12. At least five other women around me are experiencing COVID-19 symptoms. They are losing their taste buds, experiencing tiredness, and coughing. At least two women put in a sick call. They got no response and staff told them they are not doing COVID-19 testing. Some women are scared of going into isolation so they are not reporting their COVID-19 symptoms.
13. No one has been entering our unit from different units.
14. There is still a night officer.
15. The officers are not wearing any masks and gloves. It is scary that staff comes in off the street and they use the same ice and water machines that we do. The staff mostly stays in their office, but they come into the unit to do rounds. The nurses in the pill line have been using masks.
16. I got written up for using the phones when I was not supposed to because I was scared and was trying to reach out to my family. My mom is so worried about me. She went to the hospital and tried to get facemasks to mail to me, but the staff told me they're not going to allow her to send me any facemasks.
17. It is really scary to be here because I have asthma and the facility is not taking the appropriate precautions. It is impossible to practice social distancing here. I don't know who has COVID-19 around me, staff comes into the facility from the street, and we are all in an open area. We are all so scared.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Ajahnique Wilson to
Hannah Sotnick of Federal
Defenders of New York

/s/Hannah Sotnick

Hannah Sotnick

EXHIBIT 22

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF THOMAS. J.
MILLER

Thomas J. Miller declares the following under penalty of perjury and pursuant to 28 U.S.C.
§ 1746:

1. My name is Thomas J. Miller, and I have been housed at the Metropolitan Detention Center (“MDC”) since approximately July 2, 2019. My Registration Number is 89712-053.
2. I am 32 years old. I have a genetic cardiovascular disorder that causes high blood pressure and frequent, severe shortness of breath and a feeling that my chest is collapsing.
3. When I was first transferred from MDC, I was initially housed in Unit 82 of the MDC. Since approximately February 26, 2020, I have been housed in the Special Housing Unit (“SHU”), except for a two-week period in and around the beginning of March 2020, when I and several other SHU inmates were transferred to Unit 84 for what the guards told us was an “isolation lockdown.”
4. During that two weeks I spent in Unit 84, another inmate was transferred into the unit from outside the facility. He was coughing and complaining of Covid-19 symptoms—he had a medical tag wristband on his wrist, and MDC doctors visited him frequently to take

his temperature. That inmate, like the rest of us in Unit 84, had one bunk-mate in his two man cell, and, like the rest of us, was confined to that cell with his bunkmate at all times, except for three one-hour periods per week when we were all permitted to shower and make legal and social calls. After only seven days, the inmate was moved out to general population, as demonstrated by the fact that, before he left the unit, the guards switched him out of an orange jumpsuit to a brown one. I do not know why the inmate was not required to stay in isolation for the full, required 14-day period.

5. I am currently housed in Tier 3 of the SHU. There are approximately 50 inmates on the tier, all housed with another inmate in double cells. Every inmate on the tier shares a single phone, which is wheeled around on a cart by the guards and handed to us through the cell door. We do not have gloves in our cells, and there is no ability to clean the phone handset.
6. New inmates arrive nearly every day on my tier in SHU, and people are also transferred out of SHU to the general population or quarantine nearly every day. For example, on April 23, 2020, an inmate was taken to quarantine from the tier because he was showing symptoms of Covid-19. I was assigned to clean his cell because I am an orderly, and I did so. I was given a gown and gloves and goggles for the task, but the only mask I had was a loose-fitting surgical mask, not an N-95, that felt like it was made of paper. The other man in that cell is still there—he has not been moved to quarantine.
7. Our access to soap and masks has been minimal. We get soap supplies twice a month, and for cleaning there is only Comet, no disinfectant. I was provided a mask about a month ago, again, just the paper one that I cannot wash, and I was not provided another one until April 22, 2020.
8. No medical personnel have come to check on me since I have been in the SHU. Even when I was on Tier 84 and informed medical personnel there about my shortness of breath, no one came to check on me, and no one came to take my temperature.
9. No staff have cleaned my tier of the SHU since I have been housed here, except for one occasion during the third week of March, when a group came through spraying something around the hall and doors.

Executed on: April 29, 2020
Brooklyn, New York

As reported by Thomas J. (“T.J.”
Miller to James Darrow

/s James Darrow

James Darrow

EXHIBIT 23

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

**DECLARATION OF
HECTOR SORIA
82038-053**

Hector Soria declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Hector Soria and I have been housed at the Metropolitan Detention Center (“MDC”) since June, 2019. My Registration Number is 82038-053. I am on UNIT 61.
2. I am 29 years old. I have been told on the outside I am borderline diabetic. I have had no medical checkups here other than a TB shot. I have been highly anxious and not sleeping and have asked the officer on duty for a psych visit. He said she will come around but I have not seen her. They used to have guards come around to give us anything for copouts but that does not happen anymore.
3. Tensions are high among inmates and between staff and inmates. I fear it is going to get worse with every day of this lockdown. New people keep coming into the unit now, even during lockdown – we had 15 to 20 new inmates in the first weeks of April.
4. The panic buttons don’t work in our cells, and that is part of the reason inmates are banging on their cells. But we don’t have any other way to get help, and there are inmates getting put in SHU for trying to get the guard’s attention the only way they can.
5. In the first few weeks of April there must have been 15-20 new people in our unit.
6. For a month during the lockdown we only got a half hour a day to use phones, computers, showers, find supplies for cleaning our cells, or charge our MP3s. Now we get an hour 3 days a week. But that is for 10 people at a time and it is hard for everyone to do what they need. There are only 4 phones, 8 showers, and 3 computers that work. An hour is not enough to do everything we need and it is hard to organize for many inmates. If you miss your opportunity to put in a copout during the hour out there is no alternative. After

that we are stuck in our cells the rest of the time.

7. Here is what we have for cleaning supplies per week: one washcloth to clean our bodies and our cells, 1 bar of soap and 1 (sometimes 2) rolls of toilet paper, but all of this can be inconsistent. I have been using a t-shirt to wipe down my cell because I don't want to use the same cloth I use for my body. For about a month we didn't have laundry at all so I had nothing clean to clean with. After that they started asking us to hang laundry on the outside of the cell to be picked up.
8. Now with no social visits we depend on mail even more. But mail has been unpredictable. I know from the way my wife numbers her letters that there are letters I have not received. We believe the mail room is not delivering mail to us. Other inmates tell me they have ordered things that show "delivered" but were never delivered or it is delivered long after it showed delivered. We know the commissary has not been staffed properly and this might be the case for mail too.
9. The commissary no longer provides comfort to inmates as it used to either. It now opens up only every two weeks. The last commissary before I had this interview was April 13. There was not enough staff and not enough stock. We usually have a \$160 limit per commissary day but they reduced it to \$50 now. There are no soups, no batteries, no hygiene products like tissue, toothpaste, lotion, any kind of cleaning supplies, no aspirin/Tylenol. Inmates are told they are out of these things. The batteries are a huge problem because the only thing way we get news is to listen to the TVs and you cannot do that without batteries to power the headsets. At least we used to have the book cart come around but that has stopped.
10. Inmates are scared and frustrated. I can see how it will get more tense and how the tension and the deprivation can lead to violence. This is not my first time in prison and I have never seen conditions that bad. I am personally so anxious I cannot sleep. I think about my family all the time. My mom is sick and my wife is sick and I can't call them because my phone privileges were taken away until May 31, 2020. I asked for special consideration so that I can call my family but they denied me that. I cannot control my anxiety not having any outlets to speak to family or a psychiatrist.

As reported by Hector Soria to Jan Rostal Esq. of Federal Defenders of New York on 04/17/20.



Lawyer/paralegal signature

EXHIBIT 24

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF HUGH BRIAN
HANEY

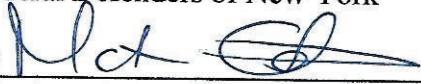
HUGH BRIAN HANEY declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is HUGH BRIAN HANEY and I have been housed at the Metropolitan Detention Center ("MDC") since around August 21, 2019. My Registration Number is 67030-061. I am housed on Unit 72.
2. I am 61 years old.
3. I have the following medical conditions: neuropathy and high cholesterol.
4. There are 120 people on my unit. We are housed in double cells. We share phones, e-mail terminals, and showers (there are four showers for 60 men).
5. Several new people were brought into my unit during the period that COVID-19 has been spreading, but I don't know the date that the last new person was brought here.
6. I was given one bar of soap three weeks ago, and get one roll of toilet paper per week. I have purchased soap from the commissary, but they are running out of things. We have not been given hand sanitizer, and you cannot purchase hand sanitizer from the commissary.
7. We have not been given any cleaning supplies for our cell.

8. A little over a week ago, I received my first mask. It was replaced one week later, so it seems we may be getting one mask per week. I believe the brand is "Medicom Safe Mask Premier," at least that's what the box said when I looked through my cell window. I have never received any gloves or any other protective equipment.
9. We have been locked down continuously since around April 1, 2020. This means that I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun), and that we are let out for one hour 3 days a week (M/W/F). During that hour, we have to choose between taking a shower, sending an e-mail, trying to make a phone call, washing our clothes (which we do in the shower – there has not been any laundry for three weeks), and everything else. There is not time to do everything that we need to do in that one hour. I believe that pills are being brought to the unit, but I have stopped receiving the medication prescribed for my neuropathy (Cymbalta).
10. Almost everyone in the unit just stays in their cells with the lights off. It is miserable. Dinner is now brought to us in sealed trays, in our cells, where we eat. The quality of the food has diminished greatly. Much of what we are now given is inedible.
11. When we do get out, we now try to maintain a distance from others. But we have no ability to clean anything, such as the phones or e-mail terminals, which we share with everyone in the unit.
12. A friend of mine – Victor Sojos – and his cell mate were taken from the Unit on April 15 or April 16, 2020. The rumor is that one or both of them are symptomatic for COVID-19. If so, it means they became ill during the period where our unit was locked down.
13. I don't believe that I have experienced COVID-19 symptoms to date. I am terrified, though – not so much of the fact that I will contract the virus, but by the fact that the MDC is not set up to care for people who do. I, and my family, are terrified that I will die a painful death because of the lack of care.
14. When the emergency button in our cell was tested by Dr. Gerson on April 16, 2020, it did not work.
15. When I returned to the unit from my legal call on April 20, 2020, I saw a sign which said, as best as I can recall, "Quarantine Unit. Masks and gloves must be worn when opening cell doors."
16. These days, the staff are different all the time. I do not recognize most of them, who are now wearing masks and gloves.
17. I know that I have been designated to another facility, but they keep extending the lockdown and I am fearful that it will just continue for six months to a year, or even longer. Before the lockdown, I was using my time here as productively as I could, including leading a class for other inmates that I called "Purpose Driven Life." The conditions now are brutal and traumatic.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Martin Cohen of
Federal Defenders of New York

/s/ 

Martin Cohen

EXHIBIT 25

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF Dana Dray
McCann

Dana Dray McCann declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Dana Dray McCann and I have been housed at the Metropolitan Detention Center (“MDC”) since January 9, 2020. My Registration Number is 19157-034. I have been housed on Unit 62 since January 15, 2020.
2. I am 67 years old.
3. I have the following medical conditions: asthma, occasional tremors, an inguinal hernia, an enzyme deficiency, chronic plantar fasciitis, disc degeneration, sciatic pain, and lower back pain.
4. There are 120 people on my unit. We are housed in two-man cells. We share phones, email terminals, tables to eat at, showers, and all other aspects of communal living. There is one toilet in my cell which I share with my bunkmate.
5. New people join my unit each week. We last received new people on Thursday, April 16, 2020.
6. We receive soap weekly. There is no hand sanitizer, we are not allowed to have it because of the alcohol content.
7. Cleaning supplies are not available in my cell. We have access to them during the brief period we are allowed to shower.
8. We are given one mask each week. This week, the staff had me sign that I received it. We are not given any gloves.
9. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week and we are let out for 30 minutes a day 3 days a week. This week, I was told we will receive one hour a week.

10. Because we are locked in our cells all day, we separated from the other people on our unit, but we cannot socially distance from our bunkmates.
11. Orderlies on our unit wear masks and have a trash bag for our trash.
12. The staff wear mask and some wear gloves. I have noticed that many of the staff are working double shifts, and we get different staff members on the unit each day.

Executed on: April 21, 2020
Brooklyn, New York

As reported by Dana Dray McCann
to Ian H. Marcus Amelkin



Ian H. Marcus Amelkin
Federal Defenders of New York, Inc.

EXHIBIT 26

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF DINO
SANCHEZ

Dino Sanchez declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Dino Sanchez and I have been housed at the Metropolitan Detention Center (“MDC”) since January 16, 2019. My Registration Number is 91380-053. I have been housed on unit 72. I am 41 years old.
2. For most of my life I have been diagnosed with moderate to severe asthma. I have been hospitalized on multiple occasions for asthma attacks and rely on two asthma pumps to prevent inflammation in my lungs. I am also diabetic and take Metformin to control my blood-sugar level. And I take medication for high blood pressure and cholesterol. Both of my parents have suffered from heart problems, and my father ultimately passed away from them in 2018, before my arrest.
3. There are approximately 115 people on unit 72. We are housed in double cells. Although we are on lockdown, we continue to share phones, computer terminals, and showers for the brief periods that we are allowed outside of our cells.
4. On April 16, 2020, two inmates were identified as presumptively positive on unit 72. The inmates were cellmates housed three cells away from me. I could hear one of them coughing and he sounded very sick. After the inmates were removed from our unit, we were put on quarantine status. New people have not been introduced into the unit since then. But in the days before April 16, new inmates had joined the unit.
5. When the lockdown began at the beginning of April, I was given a small bar of soap to use in my cell, where I have a sink and toilet. It took about two weeks to get another bar of soap, which lasted me only a couple of days. It has been about a week since I received that second bar, which is now used up. We only receive one small roll of toilet paper a week, which is not enough to last seven days. Hand sanitizer is not available in the jail.

6. Because we receive such small provisions from the jail, we have to order additional soap and toilet paper through the commissary, which we pay for out of our personal accounts. During the lockdown, however, the amount we can spend a week on commissary has dropped from \$80 to \$25. This means that while I have to purchase soap, toilet paper, and other preventative necessities during the lockdown, I have less money to pay for them. Every week, I have to decide whether to buy food or soap for myself.
7. The inmates have never received cleaning supplies for our own cells. I am an orderly on my unit and I help clean the common areas by wiping down doorknobs, telephones, and computers, and sweeping the hallway. The cleaning supplies I receive to clean the common areas are not made available for us to use our own cells.
8. I have been given a paper mask to wear in my cell and when I clean the unit. It is very flimsy and easy to rip. If my mask is damaged, I have to wait until more masks are being distributed on the unit. That can take a week or more. There is no set timetable for when replacement masks are provided and seems to depend on when the jail gets more, which can happen anytime or never.
9. As an orderly, I was not given gloves to wear while cleaning the unit until I asked for them. I do not have gloves in my cell, nor do any other inmates in unit 72.
10. During this lockdown period, we have been kept in our cells 24 hours a day, except for Mondays, Wednesdays, and Fridays, when we are let out for 30 minutes to take showers, use the phones, and send email. As an orderly, I am also let out of my cell to clean the common areas, as described above. There are only about five or six orderlies for the entire unit.
11. When inmates leave their cells on unit 72, they are not provided wipes or other materials to clean the phones, computers, and other commons surfaces before and after using them. Nor, as mentioned above, do they have gloves. Inmates are allowed to leave their cells without their masks on. The guards do not make anyone wear a mask, even though it is impossible to maintain social distance in the common area.
12. I have not experienced any COVID-19 symptoms. But I have been having asthma attacks, which relates to my ongoing anxiety about my risk of contracting the virus and experiencing serious health complications. Since February I have put in multiple written requests on the TRULINCS system to be seen by the infirmary and my attorney has also made medical requests for me with the MDC legal department. I have not been examined by any doctor or nurse for more than two months, despite my many requests. The only attention I received was on April 16, after the sick inmates were removed and our unit was put on quarantine. A nurse came by to take my temperature and ask if I have been having any health problems. Other than that fleeting inspection — during which my blood pressure and glucose were not measured, and my asthma was only briefly addressed — I have received no medical assistance.
13. During a recent asthma attack, I attempted to press the emergency button in my cell to get the guards' attention. No one came. I subsequently learned that my emergency button does not work. Although the jail is aware of this problem, nobody has attempted to fix it. I am worried about what I will do when my next serious asthma attack occurs.
14. The two inmates were escorted out of our unit on April 16 only because one of them was so obviously sick he could not get out of bed. He was coughing loudly and the guards could not ignore him. It is my belief that other inmates who may be symptomatic are not volunteering that they are feeling badly. Everyone knows that being suspected of

carrying COVID-19 means removal and placement in isolation in the Special Housing Unit. No one wants to go there. So inmates are hiding their symptoms from each other and the guards, at great risk to themselves and others.

15. During the pandemic there has been a staff shortage. We have gone weeks without a counselor or unit team because they were sick or in quarantine. Even now, when the counselor and unit team members are present again, they are all facilitating legal calls and are unavailable on the unit. The staff shortage has gotten so bad that the orderlies have been conscripted into performing unit-team jobs, like distributing food and commissary to the inmates. Last week, the assistant warden had to get involved in this distribution because no one else was available.
16. The guards on my unit have expressed concern about getting sick. They comment that many of the workers have already tested positive for the virus. Still, they do not reliably wear protective gear in our unit. Even now that we are on quarantine they do not always wear gloves and masks.
17. The staff's refusal to consistently wear protective gear is upsetting because we do not know where they are coming from and what germs they are carrying with them. Based on conversations among guards I have overheard, it is my understanding that staff are working on more than one unit in the facility, even though my unit is quarantined. This makes their lack of gloves and masks all the more disturbing.
18. Because I am asthmatic, diabetic, and have a history of heart disease, I am at high risk for complications from COVID-19 infection. I am very concerned that the jail's inadequate quarantine program, slow to nonexistent medical care, and inconsistent preventative measures have not meaningfully reduced the likelihood that I will get sick and suffer potentially catastrophically health outcomes. Indeed, I am afraid for my life.

Executed on: April 20, 2020
Brooklyn, New York

As reported by Dino Sanchez to
Benjamin Yaster of Federal
Defenders of New York

/s/ Benjamin Yaster
Benjamin Yaster

Counsel to Dino Sanchez

EXHIBIT 27

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF RADHYS
MOLINA

RADHYS MOLINA declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Radhys Molina and I have been housed at the Metropolitan Detention Center ("MDC") since February 7, 2020. My Registration Number is 79090-054. I have been housed on the J71 unit.
2. I am 34 years old.
3. I have the following medical conditions: I have frequent back spasms for which I take medication regularly. I also have a fractured wrist and elbow.
4. There are 100-120 people on my unit (including both floors). We are housed in double cells. We share phones, email terminals, and showers.
5. New people last joined my unit on April 16, 2020. MDC staff are bringing new people up to my unit almost daily.
6. I have asked for soap and hand sanitizer. I got a bar of soap on Wednesday (April 16, 2020). I was not given any hand sanitizer. I was told to use pink liquid, which is watered down disinfectant, from a barrel in the back of my unit. There is one large barrel that everyone on the unit is using for liquid disinfectant. There are no smaller containers to put the liquid disinfectant in to bring back to our cells. There are no spray bottles to put the disinfectant in.
7. I asked for cleaning supplies for my cell and was told to use the shared barrel of soap on the unit. There is no way to transport that liquid to clean our cells.
8. I was given a mask last week. It looks like a disposable mask that a dental hygienist would use. It is not washable or reusable. We were told we would get a new one each

week. I was not given any gloves. The Correctional Officers told me the gloves were only for them.

9. We have been locked down for about three weeks. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out for 60 minutes a day 3 days a week (M/W/F).
10. Pill line and meals are brought to our cells.
11. I don't think sick call is working because I haven't seen anyone get called down after putting in a request. I saw a psychologist who was walking around the unit. I've had two family members pass away and was having trouble breathing so I spoke to the psychologist.
12. Orderlies are coming to collect garbage and are wearing masks but not gloves.
13. There is still a night officer on my unit.
14. Staff are wearing masks. Staff started wearing gloves a week ago on my unit.
15. Have you seen any staff members coughing or otherwise showing symptoms? Describe in detail.
16. To your knowledge, are staff members working on more than one unit?
17. I came to MDC Brooklyn from another facility and was supposed to be in transit. At the facility I was in before we received soap and toilet paper two times a week. Here we only get those supplies once a week. I'm afraid because I don't feel protected and I'm worried about getting sick. Everyone is saying there's someone on the next unit over (J72) that is sick with COVID-19.

Executed on: April 17, 2020
Brooklyn, New York

As reported by Radhys Molina to
Hana Yamahiro of Federal
Defenders of New York

/s Hana Yamahiro

EXHIBIT 28

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF MARCO
BATISTA

Marco Batista declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Marco Batista and I have been housed at the Metropolitan Detention Center (“MDC”) since November 13, 2019. My Registration Number is 64079-054. With the exception of my first five days at the facility, where I was housed in unit 41, I have been in unit 71 the entire time I’ve been at the MDC.
2. I am 54 years old.
3. I have seasonal allergies. Usually, I take medication for the allergies, but the MDC has not given me any medicine since I’ve been here. They said they wouldn’t give me allergy medicine because I wouldn’t be at MDC that long. I haven’t been able to sleep, have had a runny nose, feel something like phlegm in my throat, and have a little trouble breathing.
4. There are 120 people on my unit. We are housed in double cells and I have a cellmate. Since March 13, 2020, I have had three different bunkies. I think my past cellmates were all transferred to different prisons. None of them were sick. The cellmate I have now is pre-diabetic. I share a toilet and a sink with my bunkie. Everyone in the unit shares all other facilities—a shower, dining room, computers.
5. We’ve been given masks for the last two weeks, but none before that. They are plain white disposable masks—they do not have any words or letters on them. They first gave us masks on a Monday and gave us a replacement mask the next Monday. We have not gotten any gloves.
6. The orderlies clean in the unit outside of our cells with some type of wipes. They do not clean inside the cells. We are supposed to clean our cells ourselves, but we haven’t gotten any cleaning supplies or solvents to clean our cells. We use shampoo or soap or whatever else we have to clean our cells.

7. Normally the orderlies from my unit take out the garbage and clean the unit. But yesterday orderlies from a different unit came and sprayed the surfaces in the unit, like door knobs and tables in the dining room. I think they were spraying with bleach. Before yesterday, I never saw anybody doing that.
8. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week, Tuesday, Thursday, Saturday and Sunday. We are let out of our cells for 60 minutes a day (it used to be 30 minutes a day) 3 days a week, Monday, Wednesday and Friday.
9. No one is encouraging social distancing at all. No one cleans phones or email terminals between uses.
10. No one has checked my temperature at all since January. When I first got here in November, I had a flu, and they checked me and took my temperature. I put in a cop out because I wasn't feeling well and they checked my temperature in January. I have never seen any of my cellmates get their temperature taken. I have never seen anyone else in the unit get his temperature taken. No one has ever read my oxygen levels with the paperclip type machine on my finger. I have never seen anyone ever getting their oxygen levels checked with that machine.
11. I have not received any medical attention at all in the last two months. I have not put in another cop out because if it's just for a cold or allergy medicine they take two or three months before they respond to a cop out.
12. I see them take one or two guys out of the unit once in a while. I don't know where they take them to.
13. The staff in my unit seems normal. They stay in the office; they don't really come out much. I haven't seen any staff that seem sick in my unit. I think staff go from one unit to another.
14. Most of the staff wear masks, but some do not. None of the staff wears gloves.
15. I've been worried about the coronavirus. My sister has been ill and my son has asthma. Everyone is in the same situation.

Executed on: April 28, 2020
Brooklyn, New York

As reported by Marco Batista to
Marne Lenox through Spanish
interpreter Todd Burrell

/s/ Marne L. Lenox

EXHIBIT 29

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF Jason Singer

Jason Singer declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Jason Singer and I have been housed at the Metropolitan Detention Center (“MDC”) since January 28, 2020. My Registration Number is 85418-053. I am housed on unit 83. Apart from an 8-day period where I was put in SHU for quarantine I have remained on the same unit since 3/12/2020.
2. I am 34 years old.
3. There are about 116 people on my unit. We are housed in about 61 cells with two people in each cell. Five people have solo cells. We share phones, email terminals and showers. The phones are cleaned once every two days. I do not know how often the showers are cleaned but they are consistently dirty.
4. New people last joined my unit on April 16, 2020.
5. We last received soap about three weeks ago. I get soap more frequently because I work in the kitchen.
6. I do not have cleaning supplies in my cell.
7. Once a week we are given cotton masks. It is hard to wash these masks because everyone is going to the laundry on the same day and some people do not get to wash them. We do not receive gloves.
8. Orderlies come to take our garbage from our cells if you tell them you have garbage. I do not know if they come from other units but they do wear masks.
9. There is a night officer but he is often pulled onto different units.
10. Staff seem to be working on more than one unit and are working double shifts because they are short staffed.

11. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (on Tuesday, Thursday, Saturday and Sunday) and we are let out for 30 minutes a day 3 days a week (Monday, Wednesday and Friday).
12. Four weeks ago I was placed in SHU for quarantine because I had a headache and had cold symptoms. I had no fever and no cough. Prior to being sent to SHU I had put in sick calls in writing (via paper) for over a week. When my attorney requested I be seen by medical, I saw a doctor who gave me a test for coronavirus and told me it would be 48 hours before the results of that test came back. After seeing the doctor, I was placed in a cell by myself with an inoperable toilet, a mattress with no sheets and my clothes were taken. I was then moved to a new cell with a working toilet and given sheets. A nurse came around to take my temperature twice a day but I did not receive any medication including my psych medication or any pain reliever for my headache, for several days. I was in SHU for 8 days. After I left SHU I was told my test was negative.
13. It was terrifying being in SHU, not knowing when I would be able to leave, or call my family. My family and my lawyer had no idea why they were not able to hear from me or reach me.
14. Weeks after I left the SHU and returned to the unit, a doctor came to see me and asked if I was still sick and did not seem to know that I was ever in quarantine. That was last Friday.

Executed on: April 27, 2020
Brooklyn, New York

As reported by Jason Singer to
Amanda David of Federal Defenders
of New York


Amanda David

EXHIBIT 30

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF ELODIA LOPEZ; and JAMES
HAIR,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

**DECLARATION OF JONATHAN
DEUTSCH**

Jonathan Deutsch declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Jonathan Deutsch and I have been housed at the Metropolitan Detention Center (“MDC”) since September 19, 2018. My Registration Number is 91137-053. For the past few months, I have been housed on unit 42.
2. I have borderline diabetes. This lockdown has been difficult, because we are not receiving many hot meals, and are primarily receiving carbohydrates from white bread, which elevates my sugar count. My diabetic symptoms are still very present: I constantly feel hungry, but I am not satisfied, and I constantly feel tired. I am urinating frequently. I have been having heart palpitations, possibly from anxiety. My allergies are terrible, and prevent me from sleeping. I have shortness of breath and tightness in my chest, possibly from allergies. There is no relief from any of this. I have put in sick calls. On April 27, 2020, I requested a COVID-19 test by sick call on the computer.

Lockdown on Unit 42

3. There are approximately 120 people currently housed on unit 42. We are housed in double cells. Although we are on lockdown, we continue to share phones, computer terminals, and showers for the brief periods that we are allowed outside of our cells.
4. During this lockdown period, we have been kept in our cells 24 hours a day, except for Mondays, Wednesdays, and Fridays, when we are let out to take showers, use the phones, and send email. Until recently, we were only let out of our cells for 30 minutes at a time. Now, we are mostly let out for one hour at a time.

5. They are denying inmates access to the law library. My cellmate tried to go down to the law library on three during our unit's scheduled time and he was told that he could not because he has "seps". He was then categorically denied access because he was "not the head of his indictment" (which he is), because he "does not have discovery to view" (which he does, on CD, and he cannot view it on the unit because the CD drives in the discovery computer have been broken for days), and finally, he was told to access the law library on the unit during his hour out of the cell. Our hour is supposed to be used for contacting family and loved ones, and personal hygiene.

Hygiene Supplies

6. We get a bar of soap when the unit team has soap available, which is not every week. We get only one small roll of toilet paper a week. Hand sanitizer is not available in the common area of my unit. I have not seen hand sanitizer anywhere in the jail.
7. Because we receive such small amounts from the jail, we have to order additional soap and toilet paper through the commissary, which we pay for out of our personal accounts. During the lockdown, however, the amount we can spend a week on commissary has dropped from \$80 to \$25. This means that while I have to purchase soap, toilet paper, and over the counter medications like Tylenol, during the lockdown, I have less money to pay for them. Every week, I have to decide whether to buy food or soap for myself. This is particularly hard because they have been giving us smaller and smaller portions of food during the lockdown, and very little protein. I usually buy tuna and sardines from commissary to make sure I have enough protein to keep my blood sugar level.

Cleaning and Personal Protective Equipment

8. The inmates have never received cleaning supplies for our own cells. The orderlies have cleaning supplies for the common areas.
9. The orderlies have recently started wiping down the tables and the phones and computers once a day, but by that time about 100 people may have used them without cleaning in between. It is like being stuck between Scylla and Charybdis: call my mom on a phone that may have COVID-19 on it, or don't call my mom, who is not feeling well, at all; email my lawyer, who I hardly get to talk to any more, or lose all contact with her. There are no wipes or sprays or paper towels we could use ourselves to clean the phones or computers or shower handles.
10. On April 7, 2020, we received masks for the first time. I have been given a paper mask. It is very flimsy and easy to rip. The staff told us to wash it out, but it will disintegrate if wet. There does not seem to be a set timetable for when replacement masks are provided.
11. Sometimes the guards wear masks and gloves. Sometimes they don't, even when they are very close to us. Staff pose more of a threat than anyone else, since they refuse to wear masks, and interact outside the unit and in the community. Our counselor tells all of us to wear masks but he refuses to wear one himself.
12. The orderlies don't always wear masks and gloves when preparing and serving our food.
13. I don't have any gloves.
14. On Friday, April 24, staff brought a big cleaning machine into the unit. They cleaned the common areas but not our cells with it.

Sick Inmates on Unit 42

15. On April 2, 2020, a medical staff member responded to an inmate in the upper tier complaining of chest pains and shortness of breath. We all heard the inmate asking for help. The medical officer told the inmate to fill out a sick call request in order to be placed on “the list” to be seen, but they have two weeks to respond.
16. Last week, an inmate from my unit was taken to the hospital for COVID-19. I don’t know his name or all of the details. I do know that his cellmate was not removed from the cell after he was taken to the hospital. I know that his cellmate is still out making calls and using all of the common items we use, and is not in isolation.
17. This inmate from my unit being sick scares me. My shortness of breath and tightness in my chest continues, as does my continually stuffed nose. I worry that these are symptoms (even mild ones) of the virus. I am sending another sick call to medical (which I did last week, and was told that I can buy allergy medicine on commissary) requesting that I be tested for COVID-19. I do not have time to wait and see if this develops into something else. I am worried and concerned about my health.

Difficulty Accessing Medical Care

18. The medical staff here does not respond to our sick calls. We just get put on a list over and over.
19. I put in a sick call request on the computer saying I was having shortness of breath, and the medical people wrote back telling me to try over the counter allergy medication.

Staff Shortages and Complaints

20. During the pandemic there has been a staff shortage. A lot of staff are out sick or in quarantine. Orderlies have been doing unit-team jobs, like distributing food and commissary.
21. Now, there are guards from FDC-Philadelphia who have been assigned to work at MDC due to the staff shortages. Those guards have said they are worried about getting sick.

Conclusion

22. Because I am diabetic, I am at risk from complications from COVID-19 infection. I am very concerned that the jail’s inadequate quarantine program, slow to nonexistent medical care, and inconsistent preventative measures have not meaningfully reduced the likelihood that I will get sick and suffer potentially catastrophically health outcomes. Indeed, I am afraid for my life.

Executed on: April 29, 2020
Brooklyn, New York

As reported by Jonathan Deutsch to
Deirdre von Dornum of Federal
Defenders of New York

/s/ Deirdre von Dornum

Deirdre von Dornum

EXHIBIT 31

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF
JAMEL ROBERTS

Jamel Roberts declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Jamel Roberts and I have been housed at the Metropolitan Detention Center (“MDC”) since July 13, 2018. My Registration Number is 76155-067. I have been housed on Unit 62 for the last week or so. Prior to that, starting around March 30, 2020, I was under quarantine on unit 84.
2. I am 34 years old.
3. I suffer from asthma, for which I have an inhaler, and anxiety. I don’t take medication for anxiety because I don’t like the way psychiatric medication makes me feel.
4. We are given soap weekly but not always. I have had to spend my own money out of commissary on soap.
5. I was put in quarantine because my cell was next to a cell containing two individuals, _____ Saddiq and T. Robinson who were both positive for the coronavirus.

6. The inmate orderlies do all the cleaning. I don't know if the computers are being cleaned because I have sanctions that do not permit computer access.
7. As for safety precautions, we get new masks once a week. We don't get gloves. The biggest concern is many of the guards do not wear gloves or masks. When I was on quarantine the guards would change often. Many of them appeared to be new and in training.
8. New inmates would join my unit when I was on quarantine. I do not know if they were coming from the street or some other unit.
9. I don't ask for medical care because if you say you are not feeling well they take you off the block and put you in the SHU or quarantine – it is really the same. They do not let you take your personal items to quarantine with you. I had a hard time getting my personal items back when I left quarantine.
10. The rules now are we are locked down all day. We get one hour out of our cells, three days a week, to make calls and have showers and for some to use computers.
11. My cells is completely cold.

Executed on: April 24, 2020
Brooklyn, New York

As reported by Jamel Roberts to his
lawyer Michael Weil

_____/s/
Michael Weil

EXHIBIT 32

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF LATIE
WHITLEY

Latie Whitley declares the following under penalty of perjury and pursuant to 28 U.S.C. § 1746:

1. My name is Latie Whitley and I have been housed at the Metropolitan Detention Center (“MDC”) for over three years. My Registration Number is 57287-054. I am housed on Unit H52, but was recently in SHU.
2. I am 50 years old.
3. I have asthma, and other medical conditions.
4. The people in our unit are housed in double cells. We share phones, email terminals, and showers.
5. I have not been given any soap. I have to buy soap through commissary. I have not been given hand sanitizer.
6. We are given very limited cleaning supplies for our cells. They do not give us spray bottles to clean our cells with. We also have very little time to spend cleaning our cells – an hour three times a week, when we are also expected to make calls, shower, and use the computers.
7. I was given a mask yesterday. For ten days prior to that I had no mask on my unit. I previously had a mask while I was in the SHU. I believe they keep a sign-out log for masks so they are able to confirm how many are given out.
8. We have been locked down since March 13, 2020. This means I am in a small double cell with my cellmate for 24 hours a day 4 days a week (T/Th/Sat/Sun) and we are let out for 60 minutes a day 3 days a week (M/W/F).
9. When we are let out of our cells, approximately 25-30 people are in the area at the same time. This includes the people in 5 cells, orderlies, and staff. Although we try to keep

physical distance from other inmates but that is impossible to do when people are using the phones because they are right next to one another.

10. When we eat, they open the cell door to give us our food because there is not slot for providing the food trays to us.
11. I do not know if people on my unit have symptoms. I have seen staff coughing.
12. I believe staff are working on more than one unit. For example, I have seen a CO who is supposed to work on unit 53 in my unit.
13. For the past ten days since my arrival back on unit 52 from SHU, I have been wearing the same single set of clothing, including the same set of underwear. I have not been able to wash these clothes because I have to wear them when laundry is done.
14. I have been told that it is difficult to receive attention for a sick call because they are short staffed here.

Executed on: April 28, 2020
Brooklyn, New York

As reported by Latie Whitley to Annalisa Mirón

Annalisa Miron

Lawyer signature

EXHIBIT 33

COMMITTEE ON SMALL BUSINESS
CHAIRWOMAN
COMMITTEE ON FINANCIAL SERVICES
SUBCOMMITTEE ON HOUSING AND INSURANCE
SUBCOMMITTEE ON FINANCIAL INSTITUTIONS
AND CONSUMER CREDIT

Congress of the United States
House of Representatives
Washington, DC 20515
NYDIA M. VELAZQUEZ
7TH DISTRICT, NEW YORK

CONGRESSIONAL HISPANIC CAUCUS
CONGRESSIONAL CAUCUS FOR
WOMEN'S ISSUES
CONGRESSIONAL
PROGRESSIVE CAUCUS
OLDER AMERICANS CAUCUS
CONGRESSIONAL
CHILDREN'S CAUCUS
CONGRESSIONAL ASIAN
PACIFIC AMERICAN CAUCUS

April 6, 2020

Michael Carvajal
Director of Federal Bureau of Prisons (BOP)
U.S. Department of Justice
320 First Street, NW, Room 628
Washington, DC 20534

*** SENT VIA E-MAIL ***

Dear Director Carvajal:

As you know, in early March, I joined several colleagues in writing to you regarding the Bureau's preparations for the almost inevitable spread of COVID-19 within the U.S. federal prison system. You are also likely aware that the Metropolitan Detention Center (MDC Brooklyn) as well as Residential Reentry Center (RRC Brooklyn), and Metropolitan Correctional Center in Manhattan (MCC New York) are all located in my Congressional district. With more than 1,700 individuals detained at MDC Brooklyn, it is among the largest facilities in the BOP's network. It is also where one of the first cases of COVID-19 was diagnosed within the federal prison system.

Following our March letter, several members of my staff had a conversation with BOP personnel. In that conversation, BOP staff emphasized that the agency was taking sufficient steps to limit the spread of coronavirus. My staff were assured that the Bureau had enough soap and running water to meet the Centers for Disease Control's (CDC) guidelines to prevent the illness.

Since then, my staff have engaged in conversations with representatives of MDC staff, and my office has been apprised of disconcerting developments. As you know, the illness is rapidly spreading at BOP's facilities. It was recently reported that, in Louisiana, for example, four individuals housed at FCI Oakdale have died from coronavirus infection.¹

I am deeply concerned that, absent swift action by the Bureau, coronavirus will continue to spread rapidly throughout the federal prison system. This presents a serious public health risk to facility staff, their families and detainees. To that end, I would respectfully request answers to the following questions:

1. It is my understanding that staff at a number of facilities, particularly MDC, have complained about lack of soap and water access. To ameliorate this problem, staff expressed interest in being able to bring alcohol-based sanitizer to work in order to reduce the risk of contamination. I understand the Bureau prohibits employees from doing so out

¹ Keegan Hamilton. 4 Inmates Dead from Coronavirus as Outbreak Spirals at Louisiana Federal Prison. April 2, 2020. VICE News. https://www.vice.com/en_us/article/m7qdvq/4-inmates-dead-from-covid-19-as-outbreak-spirals-at-louisiana-federal-prison

of concern that the substance could be misused. However, it is likely that prison employees will be unable to wash their hands constantly during their respective shifts. I am further troubled to hear that BOP employees have been told they are prohibited from bringing protective equipment, such as masks, to work. **Given these extenuating circumstances, will you consider lifting the prohibition on staff bringing personal alcohol-based sanitizers into detention facilities for use while they are working to help reduce the spread of the virus? Will you permit staff to bring masks and other appropriate protective equipment from home given ongoing shortages?**

2. I have been informed that four housing units at MDC Brooklyn have been placed under quarantine. Yet, guards and staff are being rotated regularly between quarantined and non-quarantined sections of the facility. There have been requests for further protection such as N-95 masks by guards, and particularly for quarantined areas, bodysuits. Without protective measures, I am concerned this could potentially elevate the risk of the spread of COVID-19. **Have you taken any steps to consider altering staff assignments so that staff assigned to quarantined units have minimal contact with those detained in other parts of MDC?**
3. I have received reports that guards and other staff have been sent home by the medical department at MDC after exhibiting coronavirus symptoms, like fever, only to be called back into work a few days later. This is far shorter than the CDC-recommended 14-day period. I have been further informed that decisions to call back employees into work are being made at the BOP Central Office. In addition, we have heard that employees exposed to COVID-19 both outside MDC and within the facility have been instructed to return to work, potentially elevating risk of transmission.

What guidelines is the BOP using to determine when it is safe to call staff back into work? Does the BOP have plans in place to meet staffing shortages as more employees grow ill or are exposed to COVID-19? As you are aware, New York City and many other localities are actively recruiting nurses, doctors, and other health professionals to meet growing staff shortages at hospitals and healthcare facilities. **Does BOP have, or are they developing, any parallel contingency plans to meet anticipated staff shortages?**

4. I have been informed that staff taking time off have been instructed to expend personal sick leave, rather than being allowed to use administrative time. Such practice would potentially dissuade some COVID-19-infected employees from going home. **Will BOP clarify that staff are allowed access to administrative time for coronavirus-related absences?**
5. MDC Brooklyn is a “high-traffic” facility with detainees from other parts of the prison system frequently brought in and others departing MDC for other facilities. It is my understanding that between 150 to 200 individuals are arriving or departing MDC a week. It is also my understanding that the BOP has now implemented a lockdown as of this past Tuesday. **Does the lockdown policy extend to the movement or transfer of detainees between prison facilities, or does it only require those detained to remain in their cells? If the lockdown does not suspend transfers between different facilities, is**

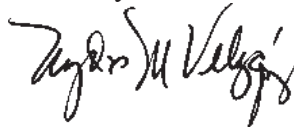
movement being limited to the most urgent cases? What criteria are being used to determine which cases would qualify?

As you know, employees at MDC Brooklyn reside in all five boroughs of New York City and New Jersey. The continued spread of COVID-19 in this facility would jeopardize not only detainee populations, but also communities in the region, thereby undermining local public health efforts to bring the virus under control.

Given the timeliness of this matter, I request answers to this inquiry no later than close of business on **Wednesday, April 8th**.

Thank you in advance for your prompt reply.

Sincerely,

A handwritten signature in black ink, appearing to read "Nydia M. Velázquez", written in a cursive style.

Nydia M. Velázquez
Member of Congress

EXHIBIT 34

**Federal Defenders
OF NEW YORK, INC.**

Southern District
52 Duane Street-10th Floor, New York, NY 10007
Tel: (212) 417-8700 Fax: (212) 571-0392

David E. Patton
Executive Director
and Attorney-in-Chief

Southern District of New York
Jennifer L. Brown
Attorney-in-Charge

April 9, 2020

BY ECF AND EMAIL

Honorable Kenneth M. Karas
United States District Judge
Southern District of New York
40 Foley Square
New York, NY 10007

**Re: United States v. Rabadi
13 Cr. 353 (KMK)**

Dear Judge Karas:

We write to briefly supplement our reply, filed this morning, based on factual information we just received from correctional staff at the MDC that directly contradicts information provided by the BOP to the government, and relied on by the government in opposing Mr. Rabadi's compassionate release, with respect to the measures being taken by the BOP to control the spread of COVID-19 within the facility. Specifically, we learned that the Vice-President of the Union that represents correctional staff at the MDC sent the below email to the Warden of the MDC this morning:

Good morning,
The Preamble states that we recognize that the employees are the most valuable resource of the agency.
It has come to the Union's attention that management has shown that inmates are the most valuable asset to the Bureau. Can we please address the following concerns:

Why are staff not quarantined who have been in direct contact with inmates who have tested positive or were symptomatic? Meanwhile, you are quarantining an entire unit, and not saying a word to those staff members left behind.
When will we show staff that we care about them? You only gave us 2 surgical masks to enter the building for protection, one more mask than you gave the inmates to reuse weekly.

Why do we have 2 inmates who tested positive on regular housing units? J-73 and G-43. These inmates were released to general population even before 7days of quarantine. Why aren't those

Honorable Kenneth M. Karas
United States District Judge

April 8, 2020
Page 2

housing units on quarantine with appropriate PPE for staff? if a staff member gets sick or even dies from the COVID19 virus in one of these units it's now noted that you were well aware. We are asking for N-95's on those units and for all staff entering these housing units.

Once staff test positive why haven't we informed all staff who have been in direct contact with those individuals? Why are they not quarantined? Why are we not appropriately informing the staff?

Rhonda Barnwell,
A.F.G.E Local 2005 - Deputy Chief
U.S. Department of Justice
Federal Bureau of Prisons
Metropolitan Detention Center
80 29th Street Brooklyn, NY 11232
[REDACTED]

The BOP has repeatedly asserted in litigation in the Southern and Eastern Districts of New York that it is containing the spread of coronavirus by keeping positive and symptomatic inmates on isolation (*Gov't Opp.* at 17-18; April 9 Letter to Chief Judge Mauskopf, pursuant to Administrative Order No. 2020-14, from Warden Edge and Warden Licon-Vitale, attached as Ex. A), but the Union, whose members are required to work inside the facility every day, states that two inmates who have tested positive were returned to regular housing units after less than 7 days, that those units are not now quarantined, and staff on those units have not been given appropriate personal protective gear. The Union also raises the clear problem of exposed staff not being quarantined, but rather, continuing to work on the units, and of staff members not being informed when other staff members whom they were in contact with have tested positive.

These assertions by the Union call the credibility of the BOP's representations about the practices at MDC Brooklyn into serious question and further speak to the risk to all the inmates from such practices that are contrary to the CDC's advice, and in particular the risk to vulnerable inmates such as Mr. Rabadi.

Respectfully Submitted,

/s/
Sylvie J. Levine
Deirdre D. von Dornum
Federal Defenders of New York

Honorable Kenneth M. Karas
United States District Judge

April 8, 2020
Page 3

CC: AUSA Daniel Richenthal
AUSA Margery Feinzig
Chief U.S. Probation Officer Michael Fitzpatrick
Albert Dayan, Esq.

EXHIBIT 35

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HASSAN CHUNN; NEHEMIAH McBRIDE;
AYMAN RABADI, by his Next Friend
MIGDALIZ QUINONES; and JUSTIN
RODRIGUEZ, by his Next Friend JACKLYN
ROMANOFF,

individually and on behalf of all others similarly
situated,

Petitioners,

-against-

WARDEN DEREK EDGE,

Respondent.

No. 20 Civ. 01590

DECLARATION OF CESAR
CASTILLO

CESAR CASTILLO declares the following under penalty of perjury and pursuant to 28 U.S.C.
§ 1746:

1. My name is CESAR CASTILLO I have been housed at the Metropolitan Detention Center ("MDC") since February 2019. My Registration Number is 91218-054
2. I am 42 years old.
3. I have the following medical conditions: lumps in my breasts, suspected male breast cancer.
4. I first experienced these symptoms six months earlier when I was at MCC. The doctor there told me it could be serious and ordered that I have a mammogram, which never happened. No mammogram or any other follow-up was done.
5. When I arrived at MDC in 2019 I told the medical staff there about the lumps, they examined the lumps and again told me it could be serious and they ordered that I have a mammogram.. That never happened either.
6. I still have the lumps, they are becoming painful and are oozing fluid..
7. I am afraid I may have cancer. My entire family is afraid I may have cancer. The medical staff thinks this is serious enough for me to have a mammogram, but nothing has been done.

Executed on: April 29, 2020
Brooklyn, New York

As reported by CESAR CASTILLO
To Attorney *Bennett M. Epstein*
(Electronic Signature)

EXHIBIT 36

METRO

Cuomo declares state of emergency in New York as state coronavirus cases soar to 89

By Eileen AJ Connelly and Laura Italiano

March 7, 2020 | 12:34pm | Updated



Andrew Cuomo

AP

Gov. Andrew Cuomo declared a state of emergency Saturday as the number of coronavirus cases in New York jolted upward, with 89 people now confirmed sick, including 12 in the Big Apple.

One of the new city cases is a **33-year-old Uber driver** from the Rockaways who worked on Long Island; he is in isolation in Queens hospital in "serious" condition, Mayor Bill de Blasio said.

Remaining "calm" is not a priority — testing is, he said.

"I'm not urging calm," Cuomo said, in a shot at those who have repeatedly called for calm in the face of recent COVID-19-roiled stock market swings.

"I'm urging reality," the governor said at a noon press conference in Albany.

"I'm urging a factual response as opposed to an emotional response."

Saturday's totals reflect a one-day jump of seven new cases in the city — more than double the tally, five, of the day before.

The Uber driver, who city officials said has an underlying respiratory issue, is being treated at St. John's Episcopal Hospital in Far Rockaway.

He was not licensed by the city Taxi and Limousine Commission and so drove on Long Island, officials said.

The mayor said other new city cases include:

- The wife and 11-year-old daughter of an Upper West Side man in his 50s who tested positive. "They are currently in mandatory quarantine and are mildly symptomatic."
- Two Brooklyn women in their 60s and 70s who recently returned from a cruise to Egypt. They are both at home in mandatory quarantine.
- A 30-something man from Brooklyn hospitalized in serious condition after returning from a trip to Italy.
- A Manhattan man in his late 50s, who tested positive "after spending time with a COVID-19 positive person on a recent trip to Chile," the mayor tweeted. The man is "symptomatic and under mandatory quarantine," he added.

As of early Saturday, 18 New York City residents are under mandatory quarantine and 2,255 are under voluntary quarantine, the mayor added.

No public school closings had yet been announced in the city, unlike in Westchester, the worst-hit county in New York with 69 total cases, almost all [linked to a Midtown lawyer](#) Lawrence Garbuz.

The majority of the new Westchester cases are linked to Garbuz, 50, officials said.

The trusts and estates lawyer unwittingly spread the killer bug to his family and synagogue in New Rochelle after apparently picking up the virus while on a mid-February jaunt to Miami.

SEE ALSO

"Westchester is an obvious problem for us," Cuomo said. "They talk about the contagion in clusters, and then the clusters tend to infect more and more people."

Three Jewish day schools, including the Salanter Akiba Riverdale (SAR) Academy in the Bronx, the Westchester Day School in Mamaroneck and the Westchester Torah Academy in White Plains, have been ordered closed.

Nursing homes and senior living facilities in the New Rochelle area will be asked to suspend outside visitors, he said.

What life is like inside Milan amid Italy's coronavirus epidemic

"Nursing homes are the most problematic setting for us," given that the virus is most deadly for elderly and medically compromised patients, Cuomo said.

Map of coronavirus cases in the US

 [map of coronavirus cases in the US](#)

New York Post graphic

New York's spike in numbers parallels what's happening nationwide — and even in Washington, D.C.

The first presumed positive case was reported Saturday in the nation's capital.

And an attendee at last month's Conservative Political Action Conference in Maryland is also infected.

The White House said neither President Trump nor Vice President Pence had been in close proximity to the infected person while attending the conference.

"I'm not concerned at all," the president said Saturday when asked about the coronavirus getting closer to the White House.

"We'll hold tremendous rallies," he added when asked if he'll continue big campaign events.

Meanwhile, a Marine stationed in Virginia's Fort Belvoir and a Navy sailor at Naval Support Activity in Naples, Italy, became the first reported coronavirus cases among US service members.

Florida reported the first two deaths on the East Coast, both senior citizens who had recently traveled internationally. Those deaths brought the total toll to 19, including 16 in Washington State and one in California.

The total number of confirmed US cases climbed to 401, as testing ramped up in many states after the federal Centers for Disease Control allowed state and local labs to test locally.

Previously, municipalities across the state had to ship swabbed patient samples to the CDC in Atlanta, then wait days for the results, what Cuomo derided Saturday as a harmful "bottleneck."

Now, at least 100 tests a day are being processed in labs in Albany and New York City, including at privately contracted labs and hospitals, Manhattan's New York Presbyterian and Memorial Sloan-Kettering Cancer Center among them.

If the CDC would approve automated testing, a thousand tests a day would be possible, the governor said.

"We want to find positives," Cuomo said. "People say, 'Oh, no, more people have it.' We say that's good news, that we know who the people are so now we can put them in an isolated situation and they won't contaminate more people."

The state of emergency will ease access to some \$40 million in federal funding for local health departments struggling to monitor thousands of potentially infected people who are self-isolating in their homes, Cuomo said.

The last time a state of emergency was declared in New York was for a blizzard in March of 2017.

Worldwide, the number of confirmed cases reached at least 105,820 Saturday, with 3,558 deaths.

Newly reported cases in China dropped below 100, as cases surged in Europe.

Italy surpassed Iran to become the country with the third-most infected cases, at 5,883.

SEE ALSO

Desperate to slow the spread, the Italian government is weighing a plan to lockdown the a fourth of its population living in the hard-hit northern Lombardy region, in what would be the most extreme containment effort outside Wuhan, China, the virus's epicenter.

Italy's death toll, which reached 233, is the highest of any country outside of China, in part because the nation's population is older than average. France and Germany also reported large increases in cases, but France has reported only 11 deaths, and Germany none.

Overregulation is making the coronavirus outbreak even more dangerous

Elsewhere in Europe, the tiny Mediterranean island of Malta reported its first case.

Pope Francis, who was tested negative for coronavirus last week, will livestream the Sunday prayers he usually conducts from a window overlooking St. Peter's Square, to discourage a crowd from gathering.

"These decisions were deemed necessary to avoid the risk of spreading the COVID-19 virus due to the assemblies during security checks required to access the square, as is requested by Italian authorities," the Vatican said.

Additional reporting by Israel Salas-Rodriguez, Bernadette Hogan, Julia Marsh and Nolan Hicks

EXHIBIT 37

New York Gov. Cuomo extends stay-at-home order until at least May 15

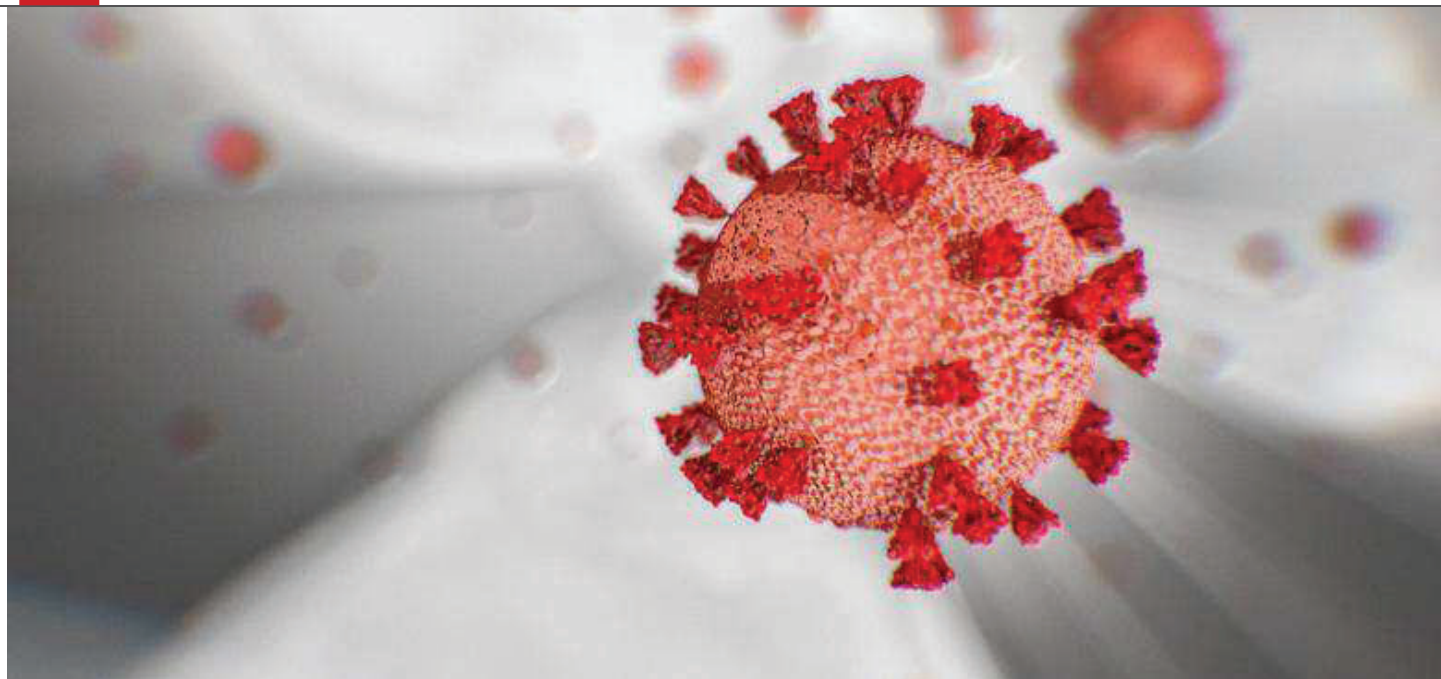
By Elizabeth Joseph and [Eric Levenson](#), CNN

🕒 Updated 1:00 PM ET, Thu April 16, 2020

CNN

US

● LIVE TV



Covid-19 explained: How it spreads and how to stay safe 07:18

(CNN) — New York Gov. Andrew Cuomo said Thursday the state's stay-at-home order will be extended until at least May 15 as he warned that any change in behavior could reignite the spread of coronavirus.

"New York State on Pause," the [state's social distancing plan](#), will be extended in coordination with other states. New York is part of a [regional pact of northeastern states that have banded together](#) to map out a plan for loosening these restrictions in the coming months while minimizing infections and deaths.

The stark limits on non-essential activities could extend beyond May 15, Cuomo said.

"What happens after then, I don't know. We will see depending on what the data shows," he said.

The rates of hospitalization, ICU admission and intubation in the state are all decreasing, Cuomo said. The total number of people hospitalized also declined, an indication that New York may have passed the peak of its outbreak.

"The good news is we can control the virus ... we can control the spread," he said.

Still, more than 600 people died in the state on Wednesday, pushing New York's total to over 12,000 deaths from coronavirus. He warned that the virus's spread could again increase if people do not follow stay-at-home policies that ban non-essential activities and have closed much of public life.

New York's estimated infection rate, technically known as the "R-nought," is at about 0.9, Cuomo said. A number over 1 means that the virus will spread to more and more people, while any number under 1 means that the virus's spread is decreasing.

He said that 0.9 stat means that New York is only slightly decreasing the spread, and any change in public behavior could bring the infection rate back up.

"That does not leave you a lot of wiggle room," he said.



Related Article: Decision to ease coronavirus shutdowns will come down to one key thing, state officials say

on the subway or in a crowded grocery store.

government to help increase testing in New York in a call with the White House Thursday morning. The state performed 500,000 tests in 30 days -- more than California, Florida, and Michigan combined -- but "the plain reality here is" states need federal assistance, Cuomo said.

"If we work together we can do better than any of us alone," he said.

On Wednesday, Cuomo said that [New Yorkers must wear masks when in public](#) and unable to socially distance, such as

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EXHIBIT 38

APRIL 20, 2020

Dear K. Rosenfeld,

I'm writing you in response to your request for information in regards to the conditions here at MDC Brooklyn. As you receive this letter I pray that you, your family and law firm are doing ok in these drastic times during the Covid-19 coronavirus outbreak. Thank you once again for taking the time to show interest on the inmates here behalf. You have giving me hope knowing that someone out there is fighting for us. God bless you all. Please forgive the long letter, however the short time giving outside of my cell is not enough time to properly address our concerns.

- 1- **Disinfecting:** IS only ever done when the building is expecting visitors. They paint, wax the floors and have us clean the units then. In the units only the orderlies clean the phones, computers, floors and showers 3 times a week. US inmates do not get to clean our rooms. We do not receive gloves, disinfecting materials. Only 1 mask per week. Since the pandemic started only 1 day in march, an correctional officer walked around with a spray bottle and we was only allowed to spray the door, toilet, table and sink. That was only 1 time.
- 2- **1 HR Break:** we are only given 1 hr breaks, 3 times a week. Up until April 15, 2020. It was only 30 mins. US inmates are not giving time to wash our clothes or bed sheets. So we try to sacrifice a few mins while taking a shower to wash our under clothes. Many inmates such as myself cannot afford to do that so I wash my underclothes in the sink during the 2 1/4 lock in. Many times we have to wait in line to make a phone call or to get on the computer, thus losing precious time out of the 1 hr giving to us. Besides our selves, many family and friends are highly concerned for us. Some don't get to hear from us because 1 phone call 3x a week is not enough. Especially when theres multiple people to call.

- 2 -

3-Exposure: Here at MDC according to staff and what us cadres witness here in Unit K82, we are still receiving people who self surrender and inmates coming from pretrial, we are told not to worry because their temperatures have been checked. The world knows you can have a normal temperature and still test positive for Covid-19. The staff comes into the units coughing, sneezing, with cold like symptoms and every perhaps it's allergies. They only check their temperature coming into the building, that's all. This information comes directly from staff.

4-Medical: Only comes around 1 to 2 times a day to check temperatures. Many inmates who have been feeling sick, have been told to put in a sick call via emails because they did not have fevers. 1 inmate was two cells next to me, has been feeling sick for days. He has been allowed to walk arounds the unit. He tested positive and now in isolation. They still refuse to get the Cadre unit tested.

5-Staff: Are telling us cadres that we may very soon be going back to work. I work Commissary thus being exposed to staff and other inmates. Aw Flowers and Aw King are telling us only 5 inmates in the building have tested positive, however Correctional officers are telling us the number is higher. That staff has had it as well and after 14 days off, has been allowed to come back to work.

6-Conclusion: us inmates here in Unit K82/cadre unit does not feel safe. Excuse me for bluntly speaking, but we are waiting for someone to pass away do to the Corona virus because of our exposure. God forbids that happening. Everyone here reaches out to their lawyers and they are getting motions filed on their behalf. I have no contact with my lawyer despite my many efforts to reach out. I will continue to stay in contact with you via emails and letters, if that's ok with you you are my only sense of hope. Thank you very much for your help on this matter. Stay safe and god bless.

Truly yours, Rashawn Richardson
Reg# 90235-054

EXHIBIT 39

March 18, 2020

The Honorable William P. Barr
Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

Mr. Michael Carvajal
Director
Federal Bureau of Prisons
320 First Street, N.W.
Washington, DC 20534



National Political
Advocacy Department
915 15th St. NW, 6th FL
Washington, D.C. 20005
aclu.org

Susan Herman
President

Anthony Romero
Executive Director

Ronald Newman
*National Political
Director*

**Re: Reducing the Federal Prison Population in
Response to Coronavirus**

Dear Attorney General Barr and Director Carvajal:

The public health crisis presented by coronavirus highlights the need for the Department of Justice (DOJ) and the Bureau of Prisons (BOP) to take immediate action to safeguard the health of those under its care. Time is of the essence and BOP must act swiftly and responsibly to ensure that the 122 facilities in its system housing nearly a quarter of a million people, over 10,000 of whom are over 60 years old,¹ are safe. The public health concerns presented by coronavirus in confined spaces creates an urgent need to ensure the health of those incarcerated, particularly those who are elderly and those with chronic health conditions. BOP must act in conjunction with U.S. Attorneys and the recommendations of public health professionals² to release those most vulnerable to coronavirus and to diminish intake of others to reduce overcrowding.

In addition, DOJ must direct the U.S. Marshals Service (USMS) to release any individuals in their custody who are particularly susceptible to coronavirus, such as the elderly and those with chronic health conditions. The USMS has a total average daily detention population of 61,489 people in USMS state and local, private, and BOP facilities,³ and it is important that people under their authority are not further exposed to coronavirus due to overcrowding in these facilities.

DOJ has the discretion and authority to reduce the number of people entering the BOP and USMS systems. This discretion and authority should be employed with a view toward decreasing the number of people who are unnecessarily incarcerated in BOP or USMS facilities. The same social distancing principles guiding public and private sector responses should guide the BOP's response and ensure that its facilities do not unnecessarily bring people into confined spaces that may lead to greater exposure to coronavirus. Deliberate action must be taken to meet the responsibility to ensure the health of those incarcerated in the federal system. Any delay will only serve to exacerbate the circumstances with possible fatal consequences.

DOJ should immediately seek sentences consistent with retroactive application of provisions of the First Step Act, including the 851 enhancement, safety valve, and 924(c) "stacking" provisions. DOJ should also support federal legislation, U.S. Sentencing Commission guidelines, and executive clemency advancing First Step retroactivity. Public health officials agree that decreasing the number of people in custody is one of the best ways to deal with the inevitable spread of coronavirus in the carceral system.⁴

We call upon DOJ, BOP, and USMS to increase the use of compassionate release⁵ for those who:

- Are 65 and older;
- Have a terminal medical condition;
- Have a debilitated medical condition;
- Suffer from a chronic medical condition; or
- Have suffered a death of a family member who is a primary caregiver to a child of the person incarcerated.

¹ BOP, *Inmate Age*, last updated Mar. 7, 2020, available at https://www.bop.gov/about/statistics/statistics_inmate_age.jsp.

² *Calls mount to free low-risk US inmates to curb coronavirus impact on prisons*, The Guardian, Mar. 13, 2020, quoting Josiah Rich, Brown University epidemiologist: "The more people behind bars, the more transmissions you are going to have'... the number one change people can make to minimize this threat is simply to reduce the number of imprisoned people. Temporarily forgiving bail is one way. Another is to release low-level, older offenders," available at <https://www.theguardian.com/us-news/2020/mar/13/coronavirus-us-prisons-jails>.

³ USMS, *Facts and Figures*, Feb. 25, 2020, available at <https://www.usmarshals.gov/duties/factsheets/facts.pdf>.

⁴ *Id.*

⁵ See DOJ, BOP, *Program Statement: Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g)*, Jan. 17, 2019, available at https://www.bop.gov/policy/progstat/5050_050_EN.pdf.

In addition to utilizing compassionate release, we call upon DOJ, BOP, and USMS to release people who are elderly and/or particularly vulnerable to serious illness or death from COVID-19 due to the following conditions:

- Blood disorders;
- Chronic kidney disease;
- Chronic liver disease;
- Compromised immune system (immunosuppression);
- Current or recent pregnancy;
- Endocrine disorders;
- Metabolic disorders;
- Heart disease;
- Lung diseases;
- Neurological and neurologic and neurodevelopment conditions; and
- Hypertension.

BOP should also immediately move those who are within one year of being transferred to community supervision to their designated communities, as well as utilize the elderly home confinement program for those who are 60 and older.⁶ With the World Health Organization recommending maintaining three feet of distance from anyone coughing or sneezing, accelerating release to reduce the number of people in prison is a common-sense response. Further, we also call upon DOJ to ensure that more people are not admitted to BOP and USMS facilities by:

- Declining prosecution in minor appropriate cases, especially cases involving possession of drugs in which addiction plays a role;
- Declining to seek incarceration in cases prosecuted;
- Offering diversion in appropriate cases prosecuted;
- Not pursuing revocation of minor supervised release infractions; and
- Suspending prosecutions for unauthorized entry or reentry to the United States (8 U.S.C. § 1325 & 1326).⁷

Judges, probation officers, and federal law enforcement should use their discretion to ensure against an increase in incarceration, especially among those most vulnerable to coronavirus. DOJ should encourage state and local actors to take the same

⁶ 18 U.S.C. 3624(c)(2). “The authority under this subsection may be used to place a prisoner in home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months.”

⁷ On March 13, 2020, a tweet from Acting Deputy Secretary of Homeland Security Ken Cuccinelli suggested that prosecutions for unauthorized entry are suspended in New Mexico and Arizona, and prosecutions for unauthorized reentry are suspended in New Mexico (These individuals will continue to be subject to civil immigration proceedings), available at <https://twitter.com/HomelandKen/status/1238589443247878145?s=20>.

approach, which it could do formally by reinstating certain guidance, including that previously issued around fines and fees.⁸ Finally, DOJ and BOP should immediately respond to congressional oversight inquiries to ensure agency transparency in the response to coronavirus.

Thank you in advance for your consideration. If you have any questions, please contact the ACLU's Justice Division Deputy Director, Cynthia Roseberry, at croseberry@aclu.org or Senior Legislative Counsel, Kanya Bennett, at kbennett@aclu.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Udi Ofer", with a long horizontal stroke extending to the right.

Udi Ofer
Director, Justice Division
American Civil Liberties Union

⁸ DOJ, CRT, ATJ, *Dear Colleague on Fines and Fees*, Mar. 14, 2016, available at <https://finesandfeesjusticecenter.org/content/uploads/2018/11/Dear-Colleague-letter.pdf>. Consistent with this Dear Colleague, DOJ could ask states and localities to release people for failure to pay fines and fees and failure to appear in fines and fees cases, as well as advise states and localities to impose a moratorium on enforcement, including warrants and court hearings, for failure to pay and failure to reappear.


EXHIBIT 40



Office of the Attorney General
Washington, D. C. 20530

March 26, 2020

MEMORANDUM FOR DIRECTOR OF BUREAU PRISONS

FROM: THE ATTORNEY GENERAL 
SUBJECT: Prioritization of Home Confinement As Appropriate in Response to COVID-19 Pandemic

Thank you for your tremendous service to our nation during the present crisis. The current situation is challenging for us all, but I have great confidence in the ability of the Bureau of Prisons (BOP) to perform its critical mission during these difficult times. We have some of the best-run prisons in the world and I am confident in our ability to keep inmates in our prisons as safe as possible from the pandemic currently sweeping across the globe. At the same time, there are some at-risk inmates who are non-violent and pose minimal likelihood of recidivism and who might be safer serving their sentences in home confinement rather than in BOP facilities. I am issuing this Memorandum to ensure that we utilize home confinement, where appropriate, to protect the health and safety of BOP personnel and the people in our custody.

I. TRANSFER OF INMATES TO HOME CONFINEMENT WHERE APPROPRIATE TO DECREASE THE RISKS TO THEIR HEALTH

One of BOP's tools to manage the prison population and keep inmates safe is the ability to grant certain eligible prisoners home confinement in certain circumstances. I am hereby directing you to prioritize the use of your various statutory authorities to grant home confinement for inmates seeking transfer in connection with the ongoing COVID-19 pandemic. Many inmates will be safer in BOP facilities where the population is controlled and there is ready access to doctors and medical care. But for some eligible inmates, home confinement might be more effective in protecting their health.

In assessing which inmates should be granted home confinement pursuant to this Memorandum, you are to consider the totality of circumstances for each individual inmate, the statutory requirements for home confinement, and the following non-exhaustive list of discretionary factors:

- The age and vulnerability of the inmate to COVID-19, in accordance with the Centers for Disease Control and Prevention (CDC) guidelines;

Memorandum from the Attorney General

Page 2

Subject: Department of Justice COVID-19 Hoarding and Price Gouging Task Force

- The security level of the facility currently holding the inmate, with priority given to inmates residing in low and minimum security facilities;
- The inmate's conduct in prison, with inmates who have engaged in violent or gang-related activity in prison or who have incurred a BOP violation within the last year not receiving priority treatment under this Memorandum;
- The inmate's score under PATTERN, with inmates who have anything above a minimum score not receiving priority treatment under this Memorandum;
- Whether the inmate has a demonstrated and verifiable re-entry plan that will prevent recidivism and maximize public safety, including verification that the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility;
- The inmate's crime of conviction, and assessment of the danger posed by the inmate to the community. Some offenses, such as sex offenses, will render an inmate ineligible for home detention. Other serious offenses should weigh more heavily against consideration for home detention.

In addition to considering these factors, before granting any inmate discretionary release, the BOP Medical Director, or someone he designates, will, based on CDC guidance, make an assessment of the inmate's risk factors for severe COVID-19 illness, risks of COVID-19 at the inmate's prison facility, as well as the risks of COVID-19 at the location in which the inmate seeks home confinement. We should not grant home confinement to inmates when doing so is likely to increase their risk of contracting COVID-19. You should grant home confinement only when BOP has determined—based on the totality of the circumstances for each individual inmate—that transfer to home confinement is likely not to increase the inmate's risk of contracting COVID-19.

II. PROTECTING THE PUBLIC

While we have an obligation to protect BOP personnel and the people in BOP custody, we also have an obligation to protect the public. That means we cannot take any risk of transferring inmates to home confinement that will contribute to the spread of COVID-19, or put the public at risk in other ways. I am therefore directing you to place any inmate to whom you grant home confinement in a mandatory 14-day quarantine period before that inmate is discharged from a BOP facility to home confinement. Inmates transferred to home confinement under this prioritized process should also be subject to location monitoring services and, where a court order is entered, be subject to supervised release.

We must do the best we can to minimize the risk of COVID-19 to those in our custody, while also minimizing the risk to the public. I thank you for your service to the country and assistance in implementing this Memorandum.

EXHIBIT 41



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center

*150 Park Row
New York, New York 10007*

April 3, 2020

The Honorable Roslynn R. Mauskopf
Chief United States District Judge
Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order**
No. 2020-14

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests, the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

Staff have been tasked with screening each and every staff member who walks in the door at both facilities. Specifically, a temperature is being taken and the staff member is asked to fill out a screening form. If the staff member has a fever or answers yes to any of the questions, a medical professional can deny entry to the institution.

Medical staff are also screening new inmate arrivals to the institution the same way. Specifically, staff who are conducting the screening are to wear appropriate personal protective equipment (PPE) in accordance with guidance promulgated by the Center for Disease Control (CDC). Inmates with a temperature greater than or equal to 100.4 degrees, or overt respiratory symptoms are placed in isolation. New arrivals with a temperature of less than 100.4 degrees are placed in quarantine for fourteen days as a precautionary measure. Inmates leaving either BOP facility are also screened.

Any inmate currently in BOP custody who presents with COVID-19 like symptoms is assessed by the institution health services staff. An inmate exhibiting symptoms consistent with COVID-19 will be placed in isolation. The remainder of the inmates on his or her unit will be quarantined to ensure additional inmates do not develop symptoms. The inmates medical isolation will be evaluated by medical staff at least twice a day, and the inmates on a medically quarantined unit will have their temperature checked twice a day.

Currently, the BOP has enacted a national 14-day action plan to increase social distancing in the facilities. Specifically, inmates in every institution will be secured in their assigned cells. At MDC and MCC, the inmates will be released from their cells 3 days per week in order to shower, use the phones, and utilize the TRULINC's system. This will be done in small groups and social distancing has been encouraged. The national action plan will not, however, affect the provision of legal phone calls. Inmates will still be taken out of their cells for legal phone calls.

Inmate orderlies are cleaning the common areas of all housing units, and inmates have been instructed to continue to wipe down and sanitize their living quarters.

MCC and MDC unit team staff and officers are available to the inmate population to address any and all issues, including medical concerns, property concerns, and/or food related requests. Unit team staff are providing legal calls to attorneys. Any inmate can also request medical care from health services providers when they make rounds on the housing units.

With regard to the numbers as of April 3, 2020 for MDC:

Inmates tested: 7

Inmates positive: 2

Staff Positive: 5

With regard to the numbers as of April 2, 2020 for MCC:

Inmates tested: 5

Inmates positive: 4

Staff Positive: 7

Respectfully submitted,

s/

M. Licon-Vitale
Warden
MCC New York

s/

D. Edge
Warden
MDC Brooklyn



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row

New York, New York 10007

April 7, 2020

The Honorable Roslynn R. Mauskopf
Chief United States District Judge
Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order**
No. 2020-14

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests, the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

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Any inmate currently in BOP custody who presents with COVID-19 like symptoms is assessed by the institution health services staff. An inmate exhibiting symptoms consistent with COVID-19 will be placed in isolation. The remainder of the inmates on his or her unit will be quarantined to ensure additional inmates do not develop symptoms. The inmates medical isolation will be evaluated by medical staff at least twice a day, and the inmates on a medically quarantined unit will have their temperature checked twice a day.

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Inmate orderlies are cleaning the common areas of all housing units, and inmates have been instructed to continue to wipe down and sanitize their living quarters.

MCC and MDC unit team staff and officers are available to the inmate population to address any and all issues, including medical concerns, property concerns, and/or food related requests. Unit team staff are providing legal calls to attorneys. Any inmate can also request medical care from health services providers when they make rounds on the housing units.

With regard to the numbers as of April 7, 2020 for MDC:

Inmates tested: 7

Inmates positive: 3

Staff Positive: 7

With regard to the numbers as of April 7, 2020 for MCC:

Inmates tested: 5

Inmates positive: 4

Staff Positive: 9

Respectfully submitted,

/s/

M. Licon-Vitale
Warden
MCC New York

/s/

D. Edge
Warden
MDC Brooklyn



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center

*150 Park Row
New York, New York 10007*

April 9, 2020

The Honorable Roslynn R. Mauskopf
Chief Judge
United States District Judge Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order No. 2020-14**

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests, the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

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Medical staff are also screening new inmate arrivals to the institution the same way. Specifically, staff who are conducting the screening are to wear appropriate personal protective equipment (PPE) in accordance with guidance promulgated by the Center for Disease Control (CDC).

Inmates with a temperature greater than or equal to 100.4 degrees, or overt respiratory symptoms are placed in isolation. New arrivals with a temperature of less than 100.4 degrees are placed in quarantine for fourteen days as a precautionary measure. Inmates leaving either BOP facility are also screened.

Any inmate currently in BOP custody who presents with COVID-19 like symptoms is assessed by the institution health services staff. An inmate exhibiting symptoms consistent with COVID-19 will be placed in isolation. The remainder of the inmates on his or her unit will be quarantined to ensure additional inmates do not develop symptoms. The inmates' medical isolation will be evaluated by medical staff at least twice a day, and the inmates on a medically quarantined unit will have their temperature checked twice a day.

The Honorable Roslynn R. Mauskopf

April 9, 2020

Page 2

Currently, the BOP has enacted a national 14-day action plan to increase social distancing in the facilities. Specifically, inmates in every institution will be secured in their assigned cells. At MDC and MCC, the inmates will be released from their cells 3 days per week in order to shower, use the phones, and utilize the TRULINCs system. This will be done in small groups and social distancing has been encouraged. The national action plan will not, however, affect the provision of legal phone calls. Inmates will still be taken out of their cells for legal phone calls.

Inmate orderlies are cleaning the common areas of all housing units, and inmates have been instructed to continue to wipe down and sanitize their living quarters.

MCC and MDC unit team staff and officers are available to the inmate population to address any and all issues, including medical concerns, property concerns, and/or food related requests. Unit team staff are providing legal calls to attorneys. Any inmate can also request medical care from health services providers when they make rounds on the housing units.

With regard to the numbers as of April 9, 2020 for MDC:

Inmates tested: 11

Inmates positive: 3

Staff Positive: 9

With regard to the numbers as of April 9, 2020 for MCC:

Inmates tested: 6

Inmates positive: 5

Staff Positive: 12

Respectfully submitted,

s/

M. Licon-Vitale Warden
MCC New York

s/

D. Edge Warden
MDC Brooklyn



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center

*150 Park Row
New York, New York 10007*

April 9, 2020

The Honorable Roslynn R. Mauskopf
Chief Judge
United States District Judge Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order No. 2020-14**

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests, the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

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Inmates with a temperature greater than or equal to 100.4 degrees, or overt respiratory symptoms are placed in isolation. New arrivals with a temperature of less than 100.4 degrees are placed in quarantine for fourteen days as a precautionary measure. Inmates leaving either BOP facility are also screened.

Any inmate currently in BOP custody who presents with COVID-19 like symptoms is assessed by the institution health services staff. An inmate exhibiting symptoms consistent with COVID- 19 will be placed in isolation. The remainder of the inmates on his or her unit will be quarantined to ensure additional inmates do not develop symptoms. The inmates' medical isolation will be evaluated by medical staff at least twice a day, and the inmates on a medically quarantined unit will have their temperature checked twice a day.

The Honorable Roslynn R. Mauskopf

April 9, 2020

Page 2

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With regard to the numbers as of April 9, 2020 for MDC:

Inmates tested: 11

Inmates positive: 3

Staff Positive: 9

With regard to the numbers as of April 9, 2020 for MCC:

Inmates tested: 6

Inmates positive: 5

Staff Positive: 12

Respectfully submitted,

s/

M. Licon-Vitale Warden
MCC New York

s/

D. Edge Warden
MDC Brooklyn



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center

*150 Park Row
New York, New York 10007*

April 14, 2020

The Honorable Roslynn R. Mauskopf
Chief Judge
United States District Judge
Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order No. 2020-14**

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests; the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

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The Honorable Roslynn R. Mauskopf

April 14, 2020

Page 2

On April 1, 2020, the BOP enacted a national 14-day action plan to increase social distancing in the facilities. Specifically, inmates in every institution are to be secured in their assigned cells. At MDC and MCC, the inmates will be released from their cells 3 days per week in order to shower, use the phones, and utilize the TRULINCS system. This will be done in small groups and social distancing has been encouraged. The national action plan will not, however, affect the provision of legal phone calls. Inmates will still be taken out of their cells for legal phone calls.

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It is our understanding that the BOP will promulgate additional guidance to address COVID-19 within its facilities in the near future. Once that guidance is made available, we will inform the Court.

With regard to the numbers as of April 14, 2020 for MDC:

Inmates tested: 11
Inmates positive: 5
Staff Positive: 14

With regard to the numbers as of April 14, 2020 for MCC:

Inmates tested: 6
Inmates positive: 5
Staff Positive: 17

Respectfully submitted,

/s/

M. Licon-Vitale
Warden
MCC New York

/s/

D. Edge
Warden
MDC Brooklyn



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center

*150 Park Row
New York, New York 10007*

April 16, 2020

The Honorable Roslynn R. Mauskopf
Chief Judge
United States District Judge
Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order No. 2020-14**

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests; the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

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Medical staff are also screening new inmate arrivals to the institution in the same manner. Specifically, staff who are conducting the screening are to wear appropriate personal protective equipment (PPE) in accordance with guidance promulgated by the Centers for Disease Control (CDC). Inmates with a temperature greater than, or equal to, 100.4 degrees, or with overt respiratory symptoms, are placed in isolation. New arrivals with a temperature of less than 100.4 degrees are placed in quarantine for fourteen days as a precautionary measure. Inmates leaving either BOP facility are also screened.

Any inmate currently in BOP custody who presents with COVID-19 like symptoms is assessed by institution health services staff. An inmate exhibiting symptoms consistent with COVID-19 will be placed in isolation. The remainder of the inmates on his or her unit will be quarantined to ensure additional inmates do not develop symptoms. The inmates' medical isolation will be evaluated by medical staff at least twice a day, and the inmates on a medically quarantined unit will have their temperature checked twice a day.

The Honorable Roslynn R. Mauskopf

April 16, 2020

Page 2

On April 1, 2020, the BOP enacted a national 14-day action plan to increase social distancing in the facilities. Specifically, inmates in every institution are to be secured in their assigned cells. On April 13, 2020, the BOP ordered an extension of the April 1, 2020 action plan through May 18, 2020. At MDC and MCC, inmates will continue to be released from their cells 3 days per week in order to shower, use the phones, and utilize the TRULINC's system. This will continue to be done in small groups and social distancing has been encouraged. The national action plan will not, however, affect the provision of legal phone calls. Inmates will still be taken out of their cells for legal phone calls.

Inmate orderlies continue to clean the common areas of all housing units, and inmates have been instructed to continue to wipe down and sanitize their living quarters.

MCC and MDC unit team staff and officers are available to the inmate population to address any and all issues, including medical concerns, property concerns, and/or food related issues. Unit team staff are providing legal calls to attorneys. Additionally, any inmate can also request medical care from health services providers when they make rounds on the housing units.

With regard to the numbers as of April 16, 2020 for MDC:

Inmates tested: 12

Inmates positive: 5

Staff Positive: 16

With regard to the numbers as of April 16, 2020 for MCC:

Inmates tested: 7

Inmates positive: 5

Staff Positive: 24

Respectfully submitted,

/s/

M. Licon-Vitale
Warden
MCC New York

/s/

D. Edge
Warden
MDC Brooklyn



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons
Metropolitan Correctional Center

*150 Park Row
New York, New York 10007*

April 21, 2020

The Honorable Roslynn R. Mauskopf
Chief Judge
United States District Judge
Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Re: **Administrative Order No. 2020-14**

Dear Judge Mauskopf:

The Court has ORDERED that the MDC and MCC respond to concerns about the institutions' response to the COVID-19 pandemic. Specifically, the Court asked about protocols for screening and testing inmates, staff and others entering or leaving each facility; the number of inmates tested and the number of positive tests; the number of staff and/or others testing positive; and all efforts undertaken to mitigate the spread of COVID-19 both generally and in response to any symptomatic inmate(s) and/or positive test(s).

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The Honorable Roslynn R. Mauskopf

April 21, 2020

Page 2

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With regard to the numbers as of April 21, 2020 for MDC:

Inmates tested: 12

Inmates positive: 6

Staff Positive: 23

With regard to the numbers as of April 21, 2020 for MCC:

Inmates tested: 7

Inmates positive: 5

Staff Positive: 29

Respectfully submitted,

/s/

M. Licon-Vitale
Warden
MCC New York

/s/

D. Edge
Warden
MDC Brooklyn